

# Northern Shenandoah Valley RC (PDC 7) Coordinated Human Service Mobility Plan

Counties: Clarke, Frederick, Page,  
Shenandoah, and  
Warren

City: Winchester

## June 2008

*prepared for*

**Virginia Department of Rail and Public Transportation**

*prepared by*

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**Northern Shenandoah Valley RC (PDC 7)  
Coordinated Human Service Mobility Plan  
June 2008**

**Table of Contents**

<b>I. Executive Summary .....</b>	<b>1</b>
<b>II. Introduction .....</b>	<b>3</b>
<b>III. Background .....</b>	<b>5</b>
3.1 Coordinated Plan Elements .....	5
3.2 Program Descriptions.....	6
3.3 Coordination of Public Transit and Human Service Transportation in PDC 7 .....	9
<b>IV. Outreach Efforts .....</b>	<b>10</b>
4.1 Invitations to Participate in Plan Development.....	10
4.2 Regional Workshops .....	11
4.3 Opportunities to Comment on Plan.....	12
<b>V. Demographics and Potential Destinations .....</b>	<b>13</b>
5.1 Methodology .....	13
5.2 Demographics.....	14
5.3 Potential Destinations .....	25
<b>VI. Assessment of Available Transportation Services and Resources .....</b>	<b>29</b>
<b>VII. Assessment of Unmet Transportation Needs and Gaps .....</b>	<b>33</b>
<b>VIII. Identified Strategies .....</b>	<b>36</b>
<b>IX. Priorities for Implementation and Potential Projects .....</b>	<b>38</b>
<b>X. Plan Adoption Process.....</b>	<b>58</b>
<b>XI. Ongoing and Future Arrangements for Plan Updates .....</b>	<b>59</b>
<b>Appendix A – Final FTA Guidance on Coordinated Planning Requirements</b>	<b>60</b>

<b>Appendix B – Mobility Management – Eligible Activities and Potential Projects.....</b>	<b>69</b>
<b>Appendix C – Potential Non-DOT Federal Program Guide .....</b>	<b>71</b>
<b>Appendix D – Workshop Attendees.....</b>	<b>72</b>
<b>Appendix E – Demographics of Potentially Transit Dependent Persons .....</b>	<b>75</b>
<b>Appendix F – Statement of Participation.....</b>	<b>79</b>

## List of Tables

Table 1. Program Information .....	8
Table 2. Potential Destinations.....	27
Table 3. Inventory of Available Services .....	29

## List of Figures

Figure 1. Geography of Northern Shenandoah Valley RC (PDC 7) .....	4
Figure 2. Population Density .....	18
Figure 3. Persons Age 60 and Older Per Census Block Group .....	19
Figure 4. Persons With Disabilities Per Census Block Group .....	20
Figure 5. Persons Below Poverty Per Census Block Group .....	21
Figure 6. Autoless Households Per Census Block Group .....	22
Figure 7. Transit Need by Ranked Density of Transit Dependent Persons ..	23
Figure 8. Transit Need by Ranked Percentage of Transit Dependent Persons .....	24
Figure 9. Potential Destinations.....	26
Figure 10. Service Area of Public Transit Providers .....	32

## **I. Executive Summary**

This Coordinated Human Service Mobility (CHSM) Plan is prepared in response to the coordinated planning requirements of SAFETEA-LU (Safe, Accountable, Flexible, Efficient Transportation Equity Act – A Legacy for Users, P.L. 109-59), set forth in three sections of the Act: Section 5316-Job Access and Reverse Commute (JARC), Section 5317- New Freedom Program, and Section 5310-Elderly Individuals and Individuals with Disabilities Program. The coordinated plan establishes the construct for a unified comprehensive strategy for transportation service delivery in the Northern Shenandoah Valley Planning District (PDC 7) that is focused on unmet transportation needs of seniors, people with disabilities, and individuals of low income.

This CHSM Plan details the coordinated transportation planning process for PDC 7, and includes the following four required elements:

1. An assessment of available services identifying current providers (public and private).

Information on available transportation services and resources in PDC 7 is included in Section VI.

2. An assessment of transportation needs for individuals with disabilities, older adults, and people with low incomes – this assessment can be based on the experiences and perceptions of the planning partners or on data collection efforts and gaps in service.

For PDC 7, analysis of demographic and potential destinations is included in Section V, and assessment of unmet transportation needs and gaps is contained in Section VII.

3. Strategies and/or activities and/or projects to address the identified gaps between current services and needs, as well as opportunities to improve efficiencies in service delivery.

The eleven strategies identified during the planning process, along with potential projects, are located in Section VIII.

4. Priorities for implementation based on resources (from multiple program sources), time, and feasibility for implementing specific strategies and/or activities identified.

The prioritized strategies and projects for implementation for PDC 7 are included in Section IX.

### **Approach to the CHSM Plan**

Ultimately, the CHSM plan must:

- Serve as a comprehensive, unified plan that promotes community mobility for seniors, persons with disabilities, and persons of low income;
- Establish priorities to incrementally improve mobility for the target populations; and
- Develop a process to identify partners interested, willing, and able to promote community mobility for the target populations.

To achieve these goals, the planning process involved:

- Quantitative analyses to identify resources, needs and potential partners;
- Qualitative activities included public meetings with major agencies and organizations funding human services, with representative direct service providers, and with consumers representing the target group constituencies; and
- An inventory of available public transit services was undertaken to provide initial informational tools to the target populations and their representatives.

In addition, this plan includes information on an ongoing structure for leading CHSM Plan updates and facilitating coordination activities in the region.

## **II. Introduction**

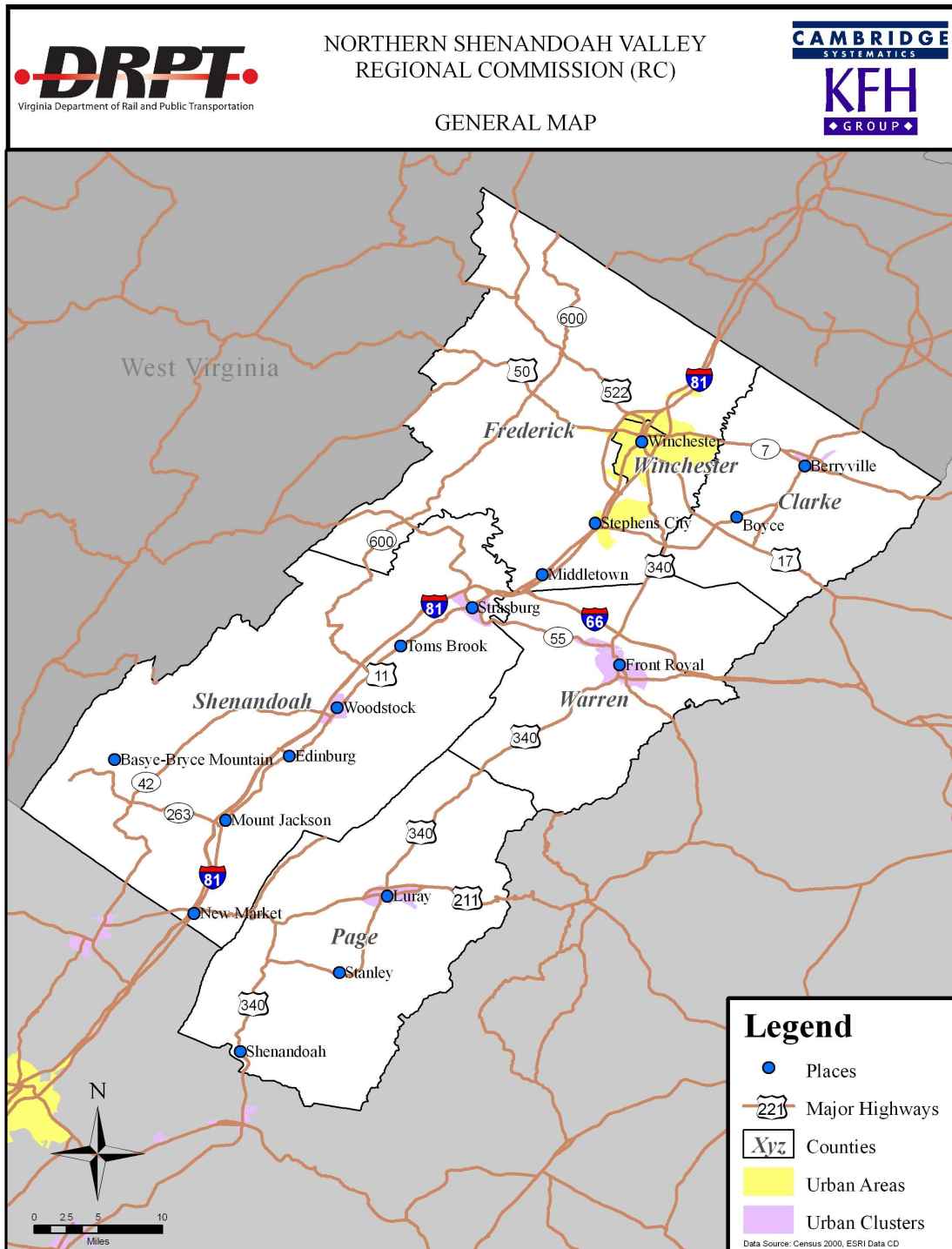
The Federal legislation that provides funding for transit projects and services includes new coordinated planning requirements for the Federal Transit Administration's Section 5310 (Elderly Individuals and Individuals with Disabilities), Section 5316 (Job Access and Reverse Commute – JARC) and Section 5317 (New Freedom) Programs. To meet these new requirements, the Virginia Department of Rail and Public Transportation (DRPT) undertook the development of Coordinated Human Service Mobility (CHSM) Plans for rural and small urban areas of the Commonwealth. While these plans focus on the elements of the FTA coordinated planning requirements, as suggested by the title, these plans take a broad view of the mobility issues faced daily by older adults, people with disabilities and people with lower incomes in Virginia.

The CHSM Plans are organized geographically around 21 Planning District Commissions (PDCs) throughout the Commonwealth. The PDCs have been chartered by the local governments of each planning district under the Regional Cooperation Act to conduct planning activities on a regional scale.

This CHSM Plan is for the Northern Shenandoah Valley Planning District (PDC 7). As shown in Figure 1, PDC 7 is located in the northern region of the Commonwealth, and includes Clarke, Frederick, Page, Shenandoah, and Warren Counties and the City of Winchester. Aside from a few major towns, PDC 7 is largely rural in nature with scattered populations and dispersed destinations, presenting distinct transportation needs for older adults, people with disabilities, and people with lower incomes.

The plan development featured continuous input from local stakeholders. A series of workshops was conducted to gather input on unmet transportation needs and issues, and to reach consensus on specific strategies to address the mobility needs of older adults, people with disabilities, and people with lower incomes in the region. More information on outreach activities is included in Section IV.

Figure 1. Geography of Northern Shenandoah Valley RC (PDC 7)





### III. Background

In August 2005, the President signed into law SAFETEA-LU legislation that provides funding for highway and transit programs. SAFETEA-LU includes new planning requirements for the FTA's Section 5310 (Elderly Individuals and Individuals with Disabilities), Section 5316 (Job Access and Reverse Commute – JARC) and Section 5317 (New Freedom) Programs, requiring that projects funded through these programs “must be derived from a locally developed, coordinated public transit- human services transportation plan”.

In March 2006, FTA issued proposed circulars with interim guidance for Federal FY 2007 funding through the Section 5310, JARC and New Freedom Programs, including the coordinated planning requirements. Circulars with final guidance were issued on March 29, 2007, with an effective date of May 1, 2007. The final guidance noted that all grant funds obligated in Federal FY 2008 and beyond must be in full compliance with the requirements of these circulars and the coordinated plan requirement<sup>1</sup>. As the designated lead agency and recipient of Federal transit funds in Virginia—including the Section 5310, JARC and New Freedom Funds—DRPT led the development of CHSM Plans for rural and small urban areas to meet these new Federal requirements.

#### 3.1 Coordinated Plan Elements

FTA guidance defines a coordinated public transit-human service transportation plan as one that identifies the transportation needs of individuals with disabilities, older adults, and people with low incomes; provides strategies for meeting those local needs; and prioritizes transportation services for funding and implementation. In total, there are four required plan elements:

- An assessment of available services that identifies current providers (public, private, and non-profit);
- An assessment of transportation needs for individuals with disabilities, older adults, and people with low incomes;

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<sup>1</sup> The final guidance from FTA on the coordinated planning requirements for the Section 5310, JARC, and New Freedom Programs can be found in Appendix A.

- Strategies, activities, and/or projects to address the identified gaps and achieve efficiencies in service delivery; and
- Relative priorities for implementation based on resources, time, and feasibility for implementing specific strategies/activities identified.

## 3.2 Program Descriptions

### Section 5310 (Elderly Individuals and Individuals with Disabilities)

The Federal grant funds awarded under the Section 5310 program provide financial assistance for purchasing capital equipment to be used to transport the elderly and persons with disabilities. Private non-profit corporations are eligible to receive these grant funds. The Section 5310 grant provides 80% of the cost of the equipment purchased, with the remaining 20% provided by the applicant organization. The 20% must be provided in cash by the applicant organization, and some non-transportation Federal sources may be used as matching funds.

Federal Section 5310 funds are apportioned annually by a formula that is based on the number of elderly persons and persons with disabilities in each State. DRPT is the designated recipient for Section 5310 funds in Virginia.

### Section 5316 (Job Access and Reverse Commute—JARC)

The JARC Program provides funding for developing new or expanded transportation services that connect welfare recipients and other low income persons to jobs and other employment related services. DRPT is the designated recipient for JARC funds in areas of the Commonwealth with populations under 200,000 persons. Projects are eligible for both capital (80/20 match) and operating (50/50 match).

From its inception in Federal FY 1999, the JARC program funds were allocated to States through a discretionary process. The SAFETEA-LU legislation changed the allocation mechanism to a formula based on the number of low-income individuals in each State. The legislation also specifies that, through this formula mechanism, 20% of JARC funds allocated to Virginia must go to areas with populations under 200,000.

Mobility management projects are eligible for funding through the JARC Program, and are considered an eligible capital cost. Therefore, the Federal share of eligible project costs is 80% (as opposed to 50% for operating projects). Additional information on potential mobility management projects is included in Appendix B.

#### Section 5317 (New Freedom Program)

The New Freedom Program provides funding for capital and operating expenses designed to assist individuals with disabilities with accessing transportation services, including transportation to and from jobs and employment support services. Projects funded through the New Freedom Program must be both new and go beyond the requirements of the Americans with Disabilities Act (ADA) of 1990.

New service has been identified by FTA as any service or activity not operational prior to August 10, 2005 and one without an identified funding source as of August 10, 2005, as evidenced by inclusion in the Transportation Improvement Plan (TIP) or the State Transportation Improvement Plan (STIP).

Similar to the JARC Program, DRPT is the designated recipient for New Freedom funds in areas of the State with populations under 200,000 persons. Similar to JARC, a total of 20% of New Freedom funds are allocated to these areas. Projects are eligible for both capital (80/20 match) and operating (50/50 match). Also, like JARC, mobility management projects are eligible for funding and are considered an eligible capital expense.

An overview of these FTA Programs is included in Table 1.

**Table 1. Program Information**

FTA Program	Match Ratios
S. 5310 – Elderly and Disabled	<u>Capital Only:</u> 80% Federal 20% Local
S. 5316 – JARC	<u>Capital:</u> 80% Federal 20% Local  <u>Operating:</u> 50% Federal 50% Local
S. 5317 – New Freedom	<u>Capital:</u> 80% Federal 20% Local  <u>Operating:</u> 50% Federal 50% Local

Matching Funds for Section 5310, JARC, and New Freedom Programs

FTA guidance notes that matching share requirements are flexible to encourage coordination with other Federal programs. The required local match may be derived from other non-Department of Transportation Federal programs. Examples of these programs that are potential sources of local match include employment training, aging, community services, vocational rehabilitation services, and Temporary Assistance for Needy Families (TANF).

More information on these programs is available in Appendix C, and on the United We Ride Website at <http://www.unitedweride.gov>. United We Ride is the Federal initiative to improve the coordination of human services transportation.

### 3.3 Coordination of Public Transit and Human Service Transportation in PDC 7

As part of the outreach efforts in the coordinated transportation planning process, DRPT hosted a series of regional workshops. Details regarding the outreach efforts in PDC 7 are outlined in the next section. The initial workshop included a discussion of current and potential efforts to improve coordination of public transit and human services transportation and improve mobility options for older adults, people with disabilities, and people with low incomes. This general discussion included the various functions to improve coordination of services, including:

- Goals of Coordination:
  - More cost-effective service delivery
  - Increased capacity to serve unmet needs
  - Improved quality of service
  - Services which are more easily understood and accessed by riders
- Benefits of Coordination:
  - Gain economies of scale
  - Reduce duplication and increase efficiency
  - Expand service hours and area
  - Improve the quality of service
- Key Factors for Successful Coordination:
  - Leadership – Advocacy and support; instituting mechanisms for coordination
  - Participation – Bringing the right State, regional, and local stakeholders to the table
  - Continuity – Structure to assure an ongoing forum, leadership to keep the effort focused, and respond to ever-changing needs

## **IV. Outreach Efforts**

FTA guidance notes that States and communities may approach the development of a coordinated plan in different ways. Potential approaches suggested by FTA include community planning sessions, focus groups, and surveys. DRPT took a broad approach that would help ensure the participation of key stakeholders at the local level throughout the development of this plan. It included the development of an extensive mailing list, a series of local workshops, and numerous opportunities for input and comments on unmet transportation needs and potential strategies and projects to improve mobility in the region.

### **4.1 Invitations to Participate in Plan Development**

The development of the invitation list for all potential regional workshop attendees capitalized on the established State Interagency Transportation Council that includes the Departments of/for Rail and Public Transportation; Rehabilitative Services; Aging; Blind and Vision Impaired; Medical Assistance Services; Mental Health, Mental Retardation and Substance Abuse Services; Social Services; Health; Office of Community Integration (Olmstead Initiative) and the Virginia Board for People with Disabilities. Representatives of each agency were asked to attend at least one of the regional CHSM planning workshops, and to inform and invite other interested staff from their agency or agencies with whom they contract or work with. In addition, special contacts by DRPT were made with each PDC Executive Director regarding the need for PDC participation, leadership and involvement in the regional CHSM workshops. A presentation was also made during a conference of PDC staff to obtain input on the CHSM workshops and encourage involvement by the PDCs.

Key stakeholders throughout the Commonwealth also received digital invitations from Matthew Tucker, Director of DRPT. The invitation was forwarded to the Executive Director of all primary agencies responsible for providing or arranging human service transportation, and any entity that has previously participated in the Section 5310 Program.

Overall, eight broad categories of agencies received invitations (total number of agencies per category in the Commonwealth included in parentheses):

- Community Services Boards (CSBs) and Behavioral Health Authorities (BHAs). These boards provide or arrange for mental health, mental retardation and substance abuse services within each locality. (40 total)
- Employment Support Organizations (ESOs). These organizations provide employment services for persons with disabilities within localities around the State. (48 total)
- Area Agencies on Aging (AAAs). These organizations offer a variety of community-based and in-home services to older adults, including senior centers, congregate meals, adult day care services, home health services, and Meals-on-Wheels. (22 total)
- Public Transit providers. These include publicly or privately-owned operators that provide transportation services to the general public on a regular and continuing basis. They have clearly published routes and schedules, and have vehicles marked in a manner that denotes availability for public transportation service. (50 total)
- Disability Services Boards. These boards provide information and resources referrals to local governments regarding the Americans with Disabilities Act (ADA), and develop and make available an assessment of local needs and priorities of people with physical and sensory disabilities. (41 total)
- Centers for Independent Living (CILs). These organizations serve as educational/resource centers for persons with disabilities. (16 total)
- Brain Injury Programs that serve as clubhouses and day programs for persons with brain injuries. (12 total)
- Other appropriate associations and organizations, including Alzheimer's Chapters, AARP, and the VA Association of Community Services Boards (VACSB).

## 4.2 Regional Workshops

DRPT conducted an initial round of regional workshops throughout Virginia, and representatives of PDC 7 participated in the Weyers Cave workshop on April 23, 2007. This workshop included an overview of the new Federal requirements and Virginia's approach, information on the

Section 5310, JARC, and New Freedom Programs, and a presentation of the Census-based demographic data for the region.

The workshop also included the opportunity to gain input from participants on unmet transportation needs and gaps. The majority of time in the workshop was dedicated to obtaining input on the local transportation needs of older adults, people with disabilities, and people with lower incomes, and on available transportation resources.

Participants from PDC 7 were invited to a subsequent workshop, held in Front Royal, VA on October 31, 2007. This workshop focused on potential strategies and projects to meet the needs identified in this plan, and the priorities for implementation. Participants provided comments on the proposed strategies, and approved the ones included in Section VIII.

A third workshop for PDC 7 was held in Front Royal, VA on June 9, 2008. This workshop included a review of the April 2008 CHSM Plan and final agreement on the components of this June 2008 version. The coordinated planning participants also provided a more formal endorsement of the CHSM Plan that is detailed in Section X. The workshop also featured an announcement from DRPT regarding the next application cycle.

A full listing of workshop participants is included in Appendix D.

#### 4.3 Opportunities to Comment on Plan

In addition to the comments obtained during the regional workshops, local stakeholders received preliminary portions of this plan to review, as well as draft versions of the entire plan. Their comments were incorporated into this CHSM Plan.



## **V. Demographics and Potential Destinations**

To provide an informational framework for PDC1's CHSM Plan, data on the three potentially transit dependent populations and on major activity centers were collected and analyzed using Geographic Information Systems (GIS) and other data analysis tools.

### **5.1 Methodology**

The process of assessing transportation needs was a multi-part effort that involved reviewing and summarizing the demographic characteristics of the PDC and the major trip generators, which reflect potential travel patterns of residents. To evaluate transportation needs specific to each population group, Census 2000 data for persons over age 60, persons with disabilities (age 5 and over), persons below the poverty level, as well as autoless households, were mapped. Autoless households are a helpful indicator of areas that are more likely to need transportation options because residents do not have access to a personal vehicle or cannot drive for various reasons.

The underlying data at the block group level for the potentially transit dependent populations and autoless households are included in Appendix E. Mapping the geographic distribution of each group allowed a visual representation of the analysis of high, medium, and low levels of transportation need throughout the region. Figures for these four population segments were then combined into aggregate measures of transportation need, and evaluated by both density and percentage of potentially transit-dependent persons. This population profile was used to identify areas of the PDC that have either high densities of persons in need of transportation services or high percentages of the population with such needs. General population density was also mapped to compare the PDC's areas of high density with areas of high numbers of potentially transit dependent persons, portrayed in the maps for each population segment.

The results of the process are summarized in this section, and are intended to help identify major factors in the coordinated transportation planning process: 1) those geographic areas of the PDC that have high relative transportation needs and whether these areas are served by existing transportation services, and 2) the potential destinations that older adults,

people with disabilities, and people with lower incomes need transportation to access.

## 5.2 Demographics

### Population Density

Population density is an important indicator of how rural or urban an area is, which in turn affects the types of transportation that may be most viable. While fixed-route transit is more practical and successful in areas with 2,000 or more persons per square mile, specialized transportation services are typically a better fit for rural areas with less population density.

As shown in Figure 2:

- The vast majority of the region has a low-density population, with only a few areas with a population of over 500 people per square mile.
- Shenandoah, Luray, Front Royal, Stephens City, and Winchester are the only cities that have block groups with more than 2,000 persons per square mile.
- These cities, along with Stanley, Woodstock, Strasburg, and Berryville, also have population densities in the medium and low range, between 500 and 2,000 persons per square mile.

### Number of Older Adults, People with Disabilities, and People with Lower Incomes

The numbers of older adults, people with disabilities, and people with lower incomes were mapped in Figures 3, 4, and 5, respectively. While these Figures are helpful indicators of the physical distribution of these population segments, it is important to remember that these numbers cover large areas; therefore, density or a lack thereof will be important in considering the types of transportation that can best serve these populations.

As shown in Figure 3:

- Aside from one small area east of Front Royal that is in the low range, the rest of Northern Shenandoah Valley's block groups are in the medium and high ranges with at least 100 older adults.

- The majorities of Shenandoah and Page Counties have high numbers of older adults per census block group, as do central Warren and Clarke Counties, northwestern Frederick County, and Winchester.
- Frederick, Clarke, Warren, and Page Counties have large areas that are in the medium range, with 100-200 older adults per block group.

As shown in Figure 4:

- A small number of block groups near Stephens City, Winchester, and Front Royal is in the high range with more than 200 persons with disabilities.
- Areas with a medium number (100-200) of persons with disabilities per block group are spread throughout the region, including Basye-Bryce Mountain, Woodstock, Toms Brook, Strasburg, Boyce, Berryville, and Luray.
- Significant portions of each county have block groups in the low range with less than 100 persons with disabilities.

As shown in Figure 5:

- Northwestern Shenandoah County, Woodstock, Luray, Front Royal, and Winchester are areas with a high number of persons below poverty.
- Southern Shenandoah County, eastern Page County, northwestern Frederick County, and areas near Front Royal, Strasburg, Stephens City, Boyce, and Berryville have block groups in the medium range.
- Most of the central and northeastern strips of the region have less than 100 persons below poverty per block group.

### Autoless Households

Persons who have limited access to or ability to use a car rely on other transportation options, including public transit services operated in the region and on human service organization-provided transportation that is generally restricted to agency clients.

As shown in Figure 6:

- Winchester, Front Royal, Strasburg, and Woodstock are the only places that have block groups with more than 100 autoless households.
- An area in western Frederick County and places near Winchester, Berryville, Strasburg, Woodstock, and Luray all have 50-100 autoless households per block group.
- The majority of the PDC has less than 50 autoless households per block group.

#### Ranked Density and Percentage

As described earlier, the numbers of older adults, disabled persons, and persons below poverty, and autoless households were combined into an aggregate measure for transportation need. Because an individual may belong to more than one of the key population segments, the absolute numbers of these populations cannot simply be added together to obtain a total number of transportation dependent persons. To minimize counting such individuals multiple times when considering all the population segments together, each population segment is ranked. Then all the rankings are summarized to ascertain the block groups' overall ranking for potentially transit dependent persons. This overall ranking was first done by density, which helps identify areas with high concentrations of persons who are likely to have transportation needs.

As shown in Figure 7:

- The highest concentrations of potentially transit dependent persons are in Winchester, Front Royal, Luray, and Shenandoah.
- The next highest ranking block groups are located directly outside these towns, as well as in Stanley, New Market, Woodstock, Strasburg, Stephens City, and Berryville.
- Outside these major towns, the areas are in the low range for relative transit need based on ranked density.

The block groups were also ranked overall by percentage. Unlike the density ranking that portrays the concentration of transportation dependent persons, the percentage ranking captures the proportion of people within a block group that likely has transportation needs. The percentage ranking indicates that there are potentially transit dependent persons throughout the region that may not live in dense clusters.

As shown in Figure 8:

- The results of this ranking show a greater distribution of block groups in the high range, especially in northwestern Shenandoah County, central Page County, west of Front Royal, Strasburg, Berryville, and New Market.
- Large portions of Shenandoah, Page, Frederick, and Clarke Counties and Winchester have block groups with medium relative transit need based on ranked percentage.
- The eastern part of the region and patches through central Frederick and Shenandoah Counties have relatively low proportions of transit dependent persons.

**DRPT.**  
Virginia Department of Rail and Public Transportation

NORTHERN SHENANDOAH  
VALLEY RC

POPULATION DENSITY

**CAMBRIDGE**  
SYSTEMATICS  
**KFH**  
GROUP

West Virginia

Frederick

Winchester

Clarke

Shenandoah

Warren

Page

Places

Major Highways

Counties

Density (Pop/Sq.mi)

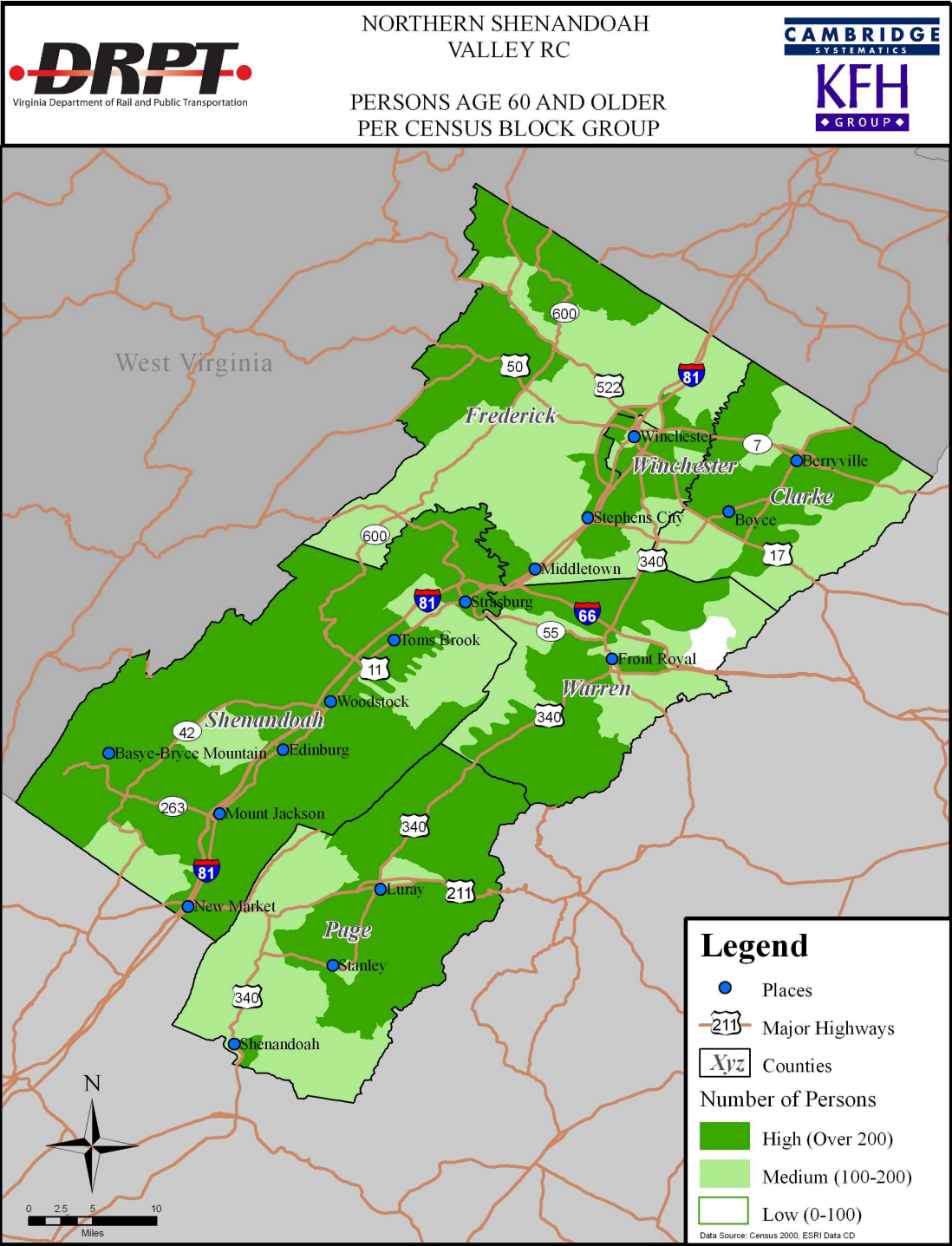
- High (Over 2000)
- Medium (1000-2000)
- Low (500-1000)
- Very Low (0-500)

0 2.5 5 10  
Miles

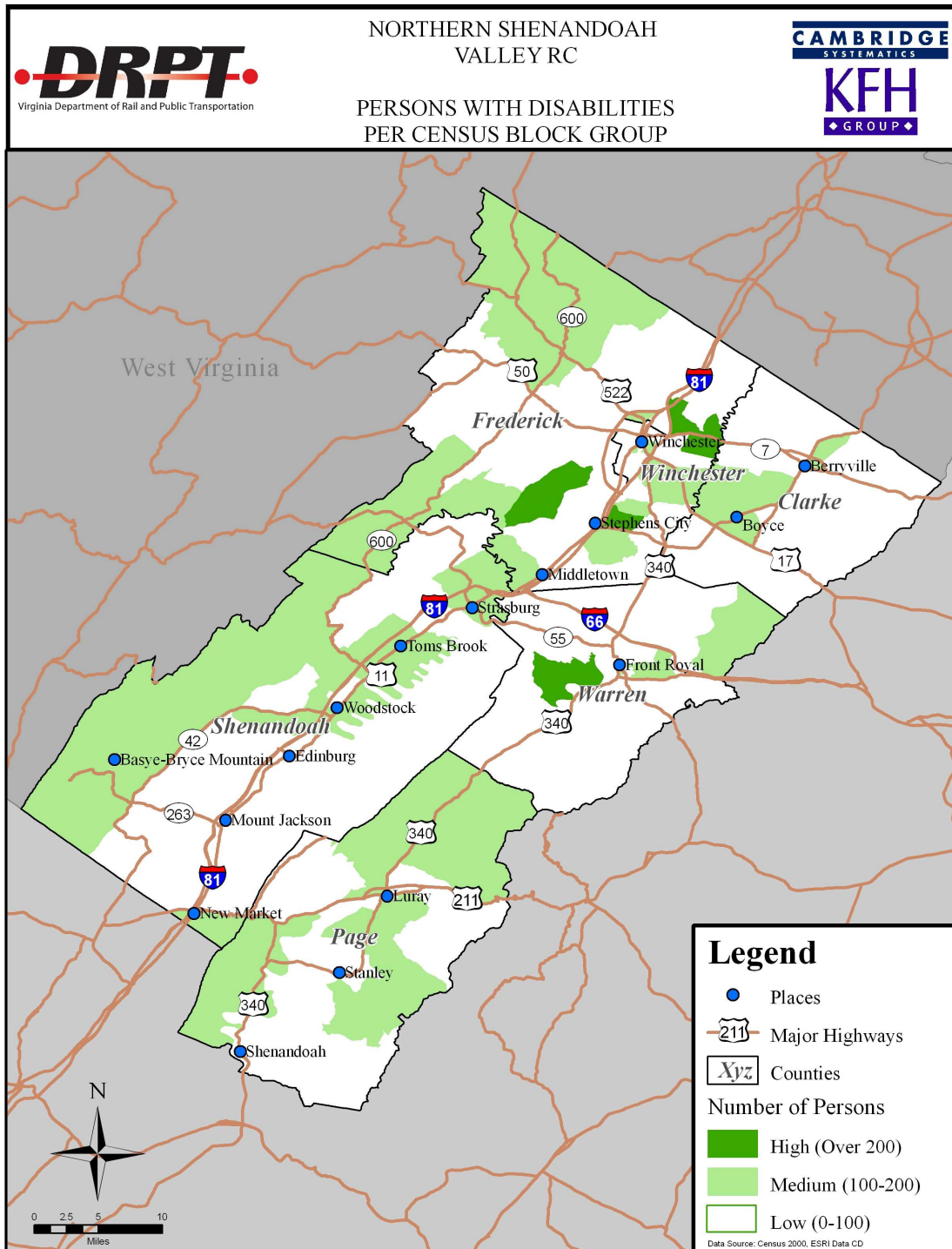
North Arrow

Data Source: Census 2000, ESRI Data CD

Figure 3. Persons Age 60 and Older Per Census Block Group

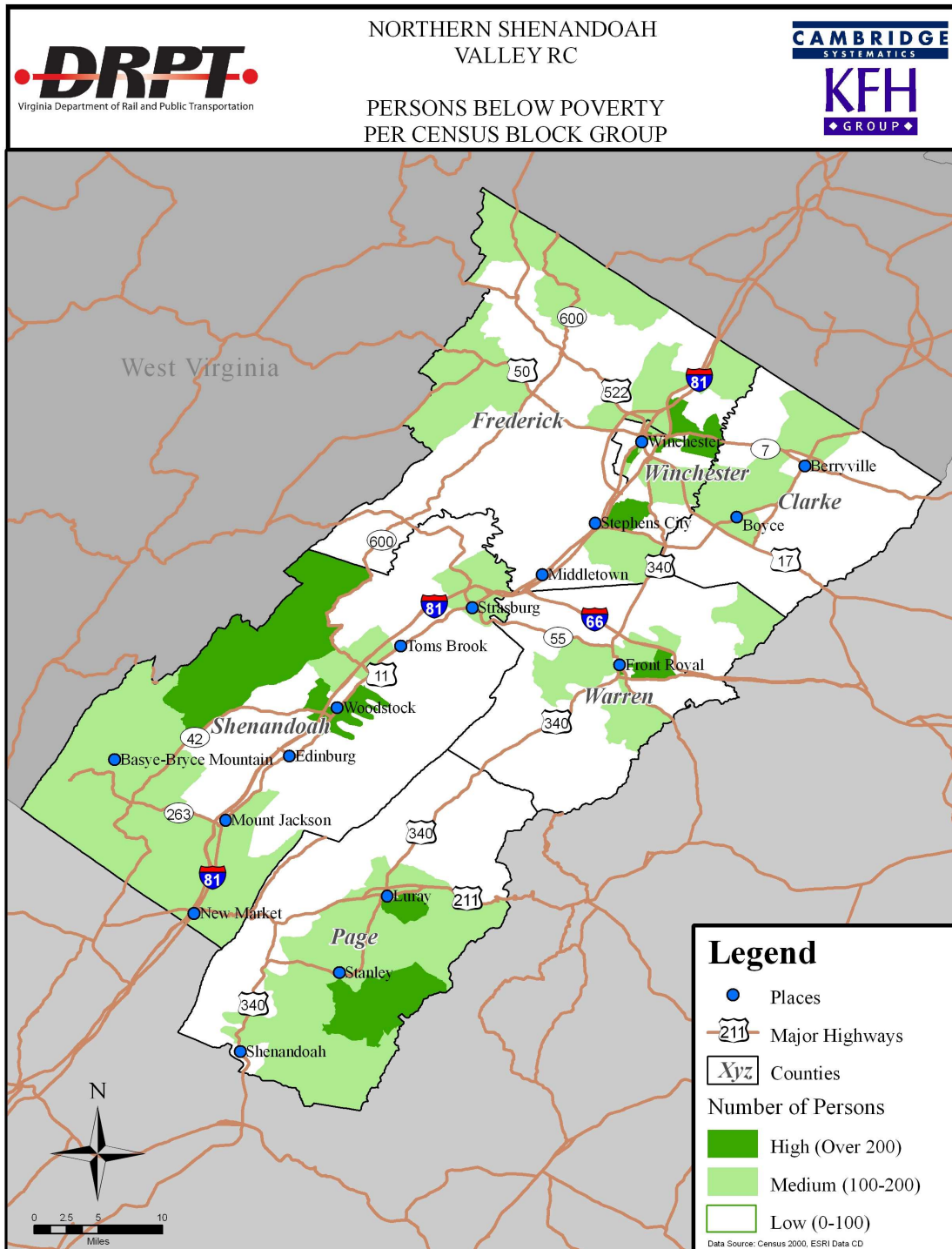


**Figure 4. Persons With Disabilities Per Census Block Group**

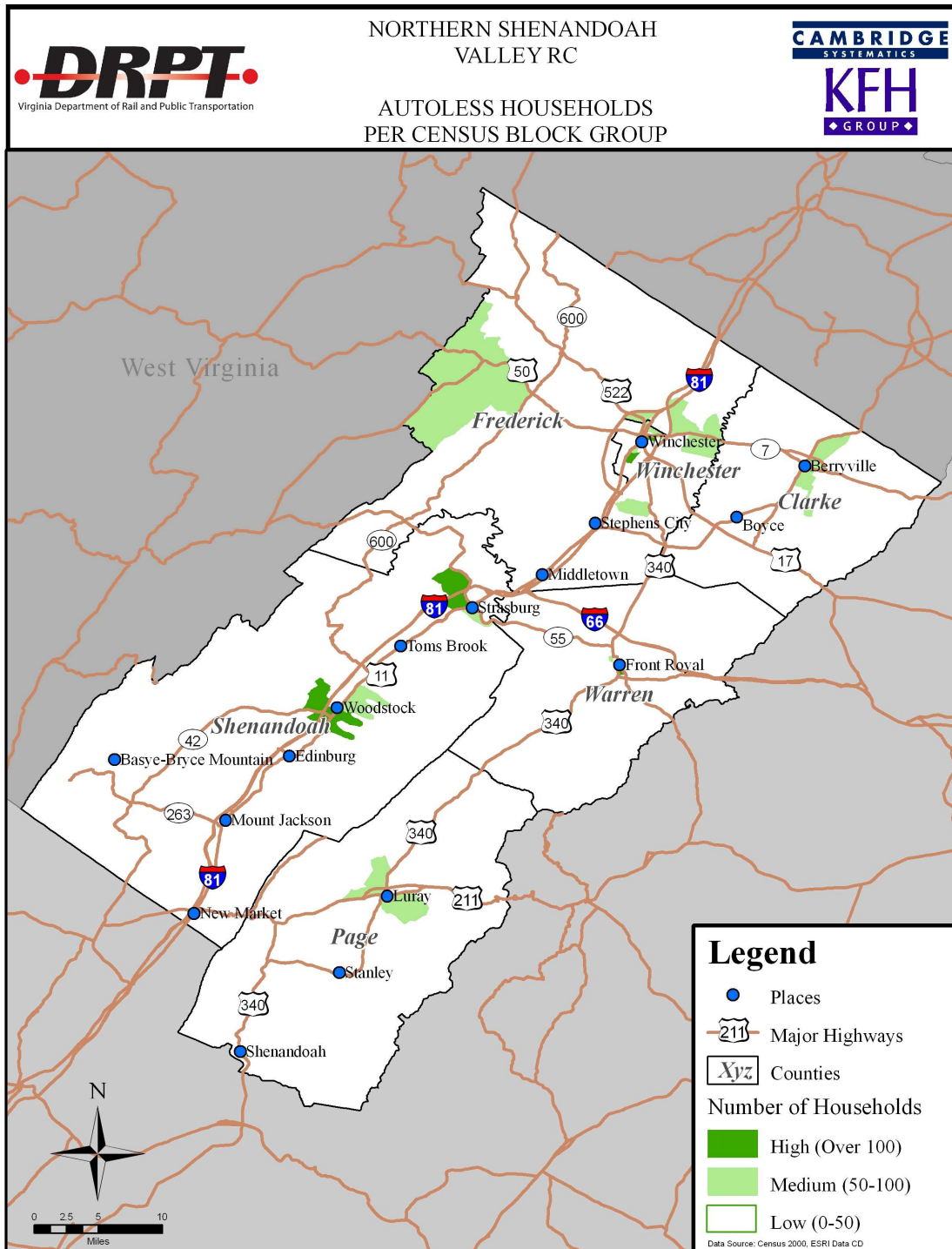




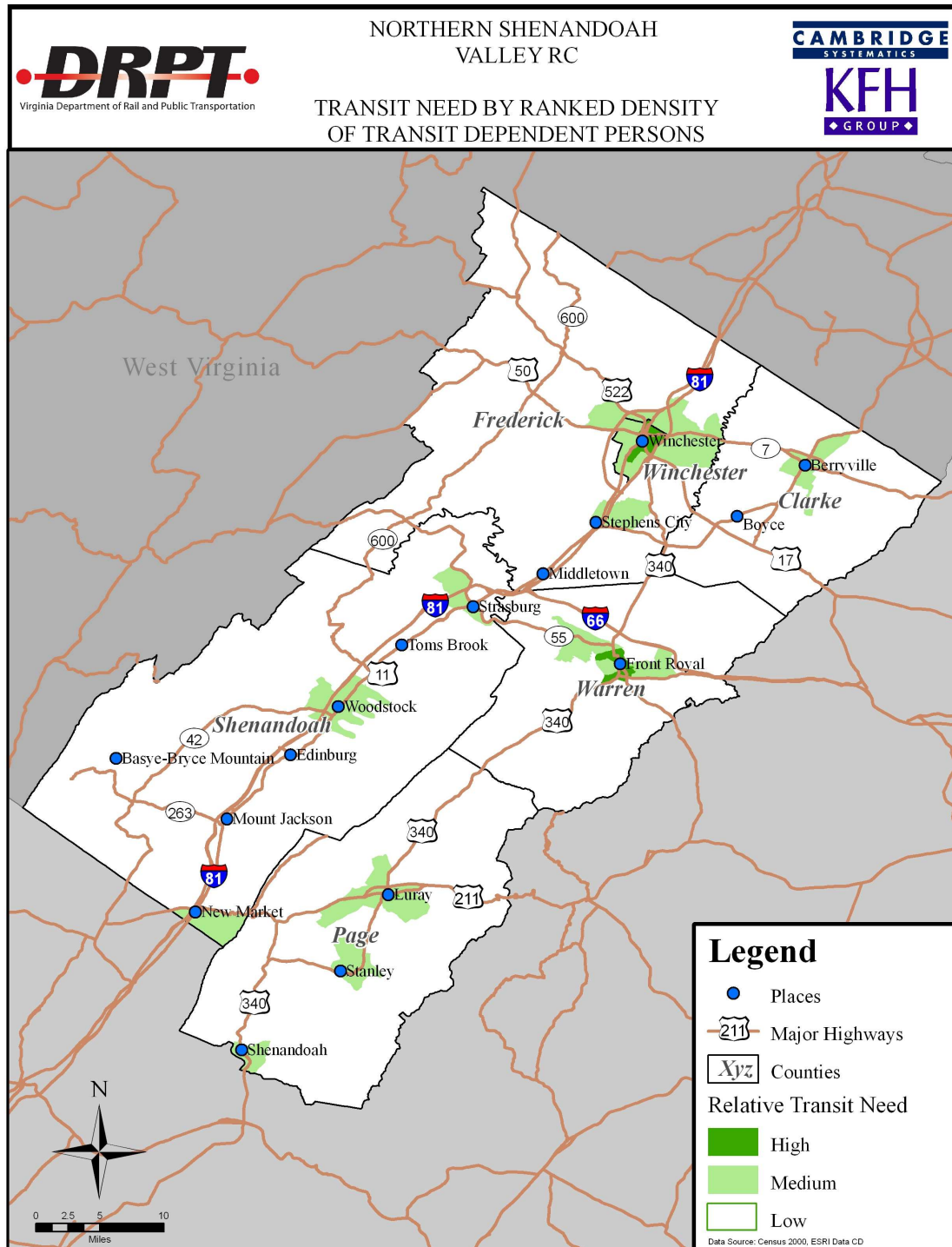
**Figure 5. Persons Below Poverty Per Census Block Group**



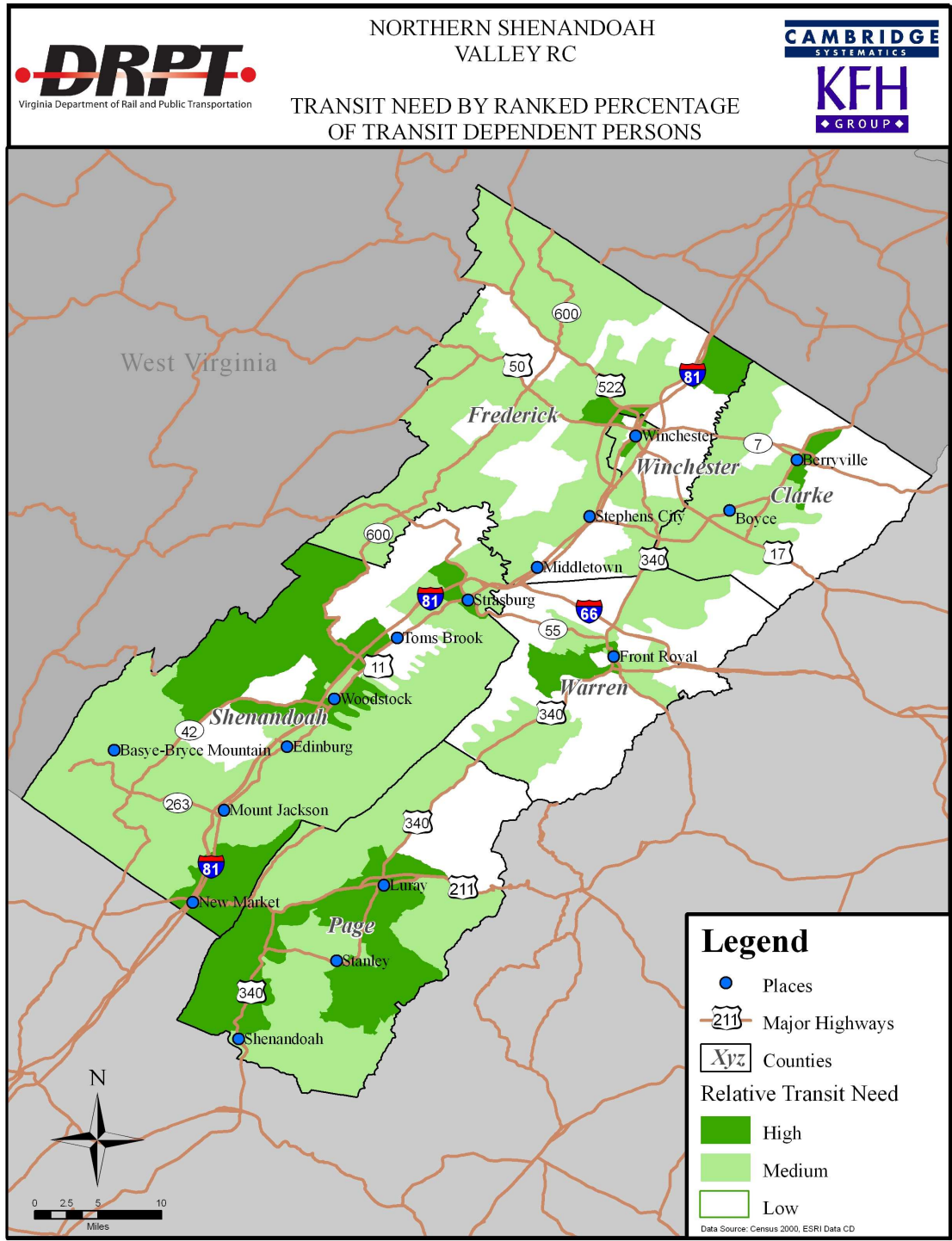
**Figure 6. Autoless Households Per Census Block Group**



**Figure 7. Transit Need by Ranked Density of Transit Dependent Persons**



**Figure 8. Transit Need by Ranked Percentage of Transit Dependent Persons**



### 5.3 Potential Destinations

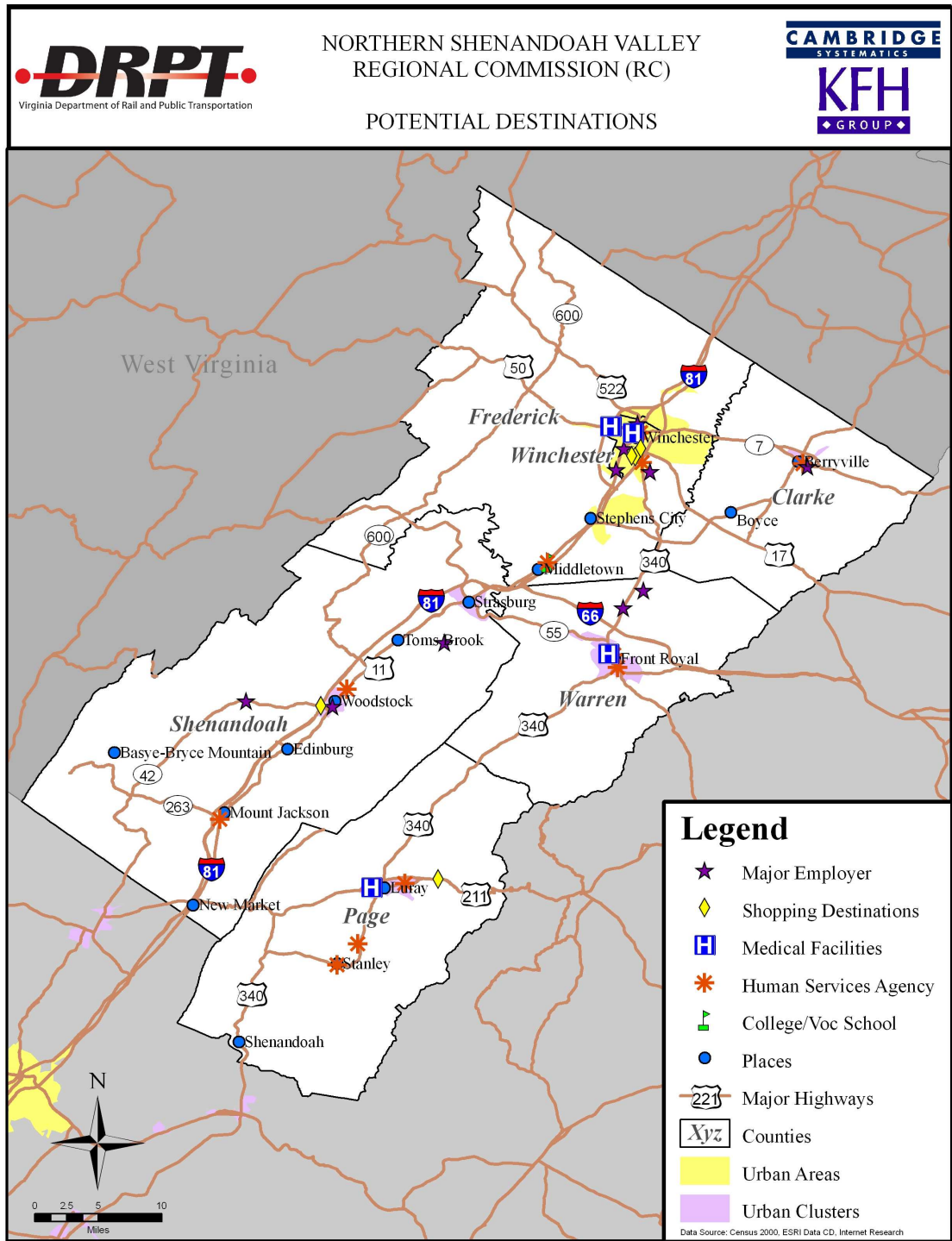
Potential destinations are places that residents are attracted to for business, medical services, education, community services, or recreation. They include major employers, medical facilities, educational facilities, human services agencies, and shopping destinations. These destinations were identified using local websites and resources and supplemented with research through online search engines such as Google. Input regarding key destinations obtained at the regional workshops was also incorporated into this plan. The potential destinations were then mapped with GIS to give a visual representation of popular places to which transportation may be requested by older adults, people with disabilities, and people with lower incomes. The potential destinations were mapped in Figure 9; Table 2 lists details regarding the destinations.

As shown in Figure 9:

- Potential destinations are concentrated mainly in Winchester with a small number in Berryville, Middletown, Front Royal, Woodstock, Luray, and Stanley as well.



Figure 9. Potential Destinations



**Table 2. Potential Destinations*****Northern Shenandoah Valley RC (PDC 7)*****Destinations**

Type	Name	Address	City	County
College/Voc School	Lord Fairfax Community College-Middletown Campus	173 Skirmisher Ln	Middletown	Frederick
Human Services Agency	Clarke County Department of Social Services (DSS)	311 E Main St	Berryville	Clarke
Human Services Agency	Frederick County Department of Social Services (DSS)	107 N Kent St	Winchester	Winchester city
Human Services Agency	Middletown Workforce Center (Lord Fairfax Community College)	173 Skirmisher Ln	Middletown	Frederick
Human Services Agency	Page County Department of Social Services (DSS)	215 W Main St	Stanley	Page
Human Services Agency	Page County Technical Center	525 Middleburg Rd	Luray	Page
Human Services Agency	Shenandoah Area Agency on Aging, Inc. (AAA)	207 Mosby Ln	Front Royal	Warren
Human Services Agency	Shenandoah County Department of Social Services (DSS)	600 N Main St	Woodstock	Shenandoah
Human Services Agency	Triplett Tech	6375 S Main St	Mount Jackson	Shenandoah
Human Services Agency	Warren County Department of Social Services (DSS)	912 Warren Ave	Front Royal	Warren
Human Services Agency	Winchester Department of Social Services	33 E Boscawen St	Winchester	Winchester city
Human Services Agency	Winchester VEC Field Office	100 Premier Place	Winchester	Winchester city
Human Services Agency	Workforce Job Center - Page County	1320 E Main St	Luray	Page
Major Employer	Berryville Graphics Inc.	25 Jack Enders Blvd	Berryville	Clarke
Major Employer	E.I. DuPont de Nemours & Co., Inc.	7961 Winchester Rd	Front Royal	Warren
Major Employer	Georges Chicken LLC	19992 Senedo Rd	Edinburg	Shenandoah
Major Employer	National Fruit Product Co, Inc.	550 Fairmont Ave	Winchester	Winchester city
Major Employer	Perry-Judds, Inc.	1 Shenandoah Valley Dr	Strasburg	Shenandoah
Major Employer	Rubbermaid Commercial Products	3124 Valley Ave	Winchester	Winchester city
Major Employer	Shenandoah Memorial Hospital	759 S Main St	Woodstock	Shenandoah
Major Employer	Warren Memorial Hospital	1000 N Shenandoah Ave	Front Royal	Warren
Major Employer	Winchester Medical Center	1840 Amherst St	Winchester	Winchester city
Major Employer	Kohl's Corporation Distribution Center	300 Admiral Byrd Dr	Winchester	Winchester city
Major Employer	Poly One Corporation	1944 Valley Ave	Winchester	Winchester city
Major Employer	United Parcel Service Regional Distribution Center	620 Fairground Rd	Front Royal	Warren
Medical	Page Memorial Hospital	200 Memorial Dr	Luray	Page
Medical	Surgi-Center of Winchester	1860 Amherst St	Winchester	Winchester city
Medical	Warren Memorial Hospital	1000 N Shenandoah Ave	Front Royal	Warren
Medical	Winchester Medical Center	1840 Amherst St	Winchester	Winchester city
Medical	Winchester Rehabilitation Center	333 W Cork St	Winchester	Winchester city
Shopping	Apple Blossom Mall	1850 Apple Blossom Dr	Winchester	Winchester city
Shopping	Target	2340 Legge Blvd	Winchester	Winchester city
Shopping	Wal-Mart Supercenter Store	1036 US Hwy 211 West	Luray	Page
Shopping	Wal-Mart Supercenter Store	461 West Reservoir Rd	Woodstock	Shenandoah

### ***Northern Shenandoah Valley RC (PDC 7)***

#### **Destinations**

Type	Name	Address	City	County
Shopping	Wal-Mart Supercenter Store	2300 S Pleasant Valley Rd	Winchester	Winchester city
Shopping	Wal-Mart Supercenter Store	501 Wal-Mart Dr	Winchester	Winchester city



## VI. Assessment of Available Transportation Services and Resources

In planning for the development of future strategies to address service gaps, it was important to first perform an assessment of the transportation services available in PDC 7. The process included collection of basic descriptive and operational data for the various programs during the initial workshop where participants were guided through a catalog of questions.

Table 3 highlights the identified public transit, human services, and Medicaid transportation providers in the region:

**Table 3. Inventory of Available Services**

Agency/ Provider	(1) Client Type	(2) # of Vehicles	(3) Trip Characteristics (Times, Destinations, etc.)	(4) # of Trips
a) Shen-Paco Industries	People with disabilities, specific to their program	4 vehicles (2 accessible)	Serves Shenandoah and Page Counties, charge small fee (deducted from paycheck), Monday – Friday 6-8:30 AM, 1:30-4:00 PM; curb-to-curb	2,100 trips per year to both facilities
b) Northwestern CSB	Behavioral, health needs	7 vehicles (5 accessible)	Curb-to-curb, door-to-door, specific to their programs, serves City of Winchester and Clarke, Frederick, Warren, Shenandoah, and Page Counties; specific individual appointments as needed, AM and PM, some recreational evening and weekend trips	4,200 trips per year
c) Shenandoah AAA	7 senior centers	19 vehicles (8 accessible), 4 are staff vehicles	Serves Page, Warren, Shenandoah, Frederick and Clarke Counties, and the City of Winchester; Monday – Friday 4 days/week depending on locality, 8:00 AM – 3:00 PM	39,000 trips per year
d) LogistiCare (serves all of VA through 7 regions)	Broker for non-emergency transportation for Medicaid; Only transports eligible Medicaid recipients and some Medicare		Reservations 24/7 by call center;	60,000 trips per week Statewide

Agency/ Provider	(1) Client Type	(2) # of Vehicles	(3) Trip Characteristics (Times, Destinations, etc.)	(4) # of Trips
e) Virginia Regional Transportation Association (VRTA)**	General public		Clarke County: demand response, Frederick County: demand response, Page County: People Movers, Warren County, Front Royal Transit (FRAT)	
f) NW Works*				
g) Winchester Transit***	General public	8	Fixed routes, M-F 6:00AM – 6:00 PM, Sat. 9:00 AM-4:00 PM, fare \$.50 adults, \$.35 students under 18, \$.25 senior/ disabled	110,000
h) PDC 7 Rideshare Program*				

\*Not present at the workshop.

\*\* Not present at the workshop, information from Virginia Regional Transportation Association Website.

\*\*\* Not present at the workshop, information from Winchester Transit Website and Virginia Transit Association Website.

More detailed information regarding these providers can be found at their websites:

Shen-Paco Industries: <http://www.shenpaco.com/>

Northwestern CSB: <http://www.nwcsb.com/>

Shenandoah AAA: [http://www.shenandoahaaa.com/new\\_transport.htm](http://www.shenandoahaaa.com/new_transport.htm)

LogistiCare: <http://www.logisticare.com/>

VRTA: <http://www.vatransit.org/index.cfm>

Winchester Transit: <http://www.winchesterva.gov/transit/>

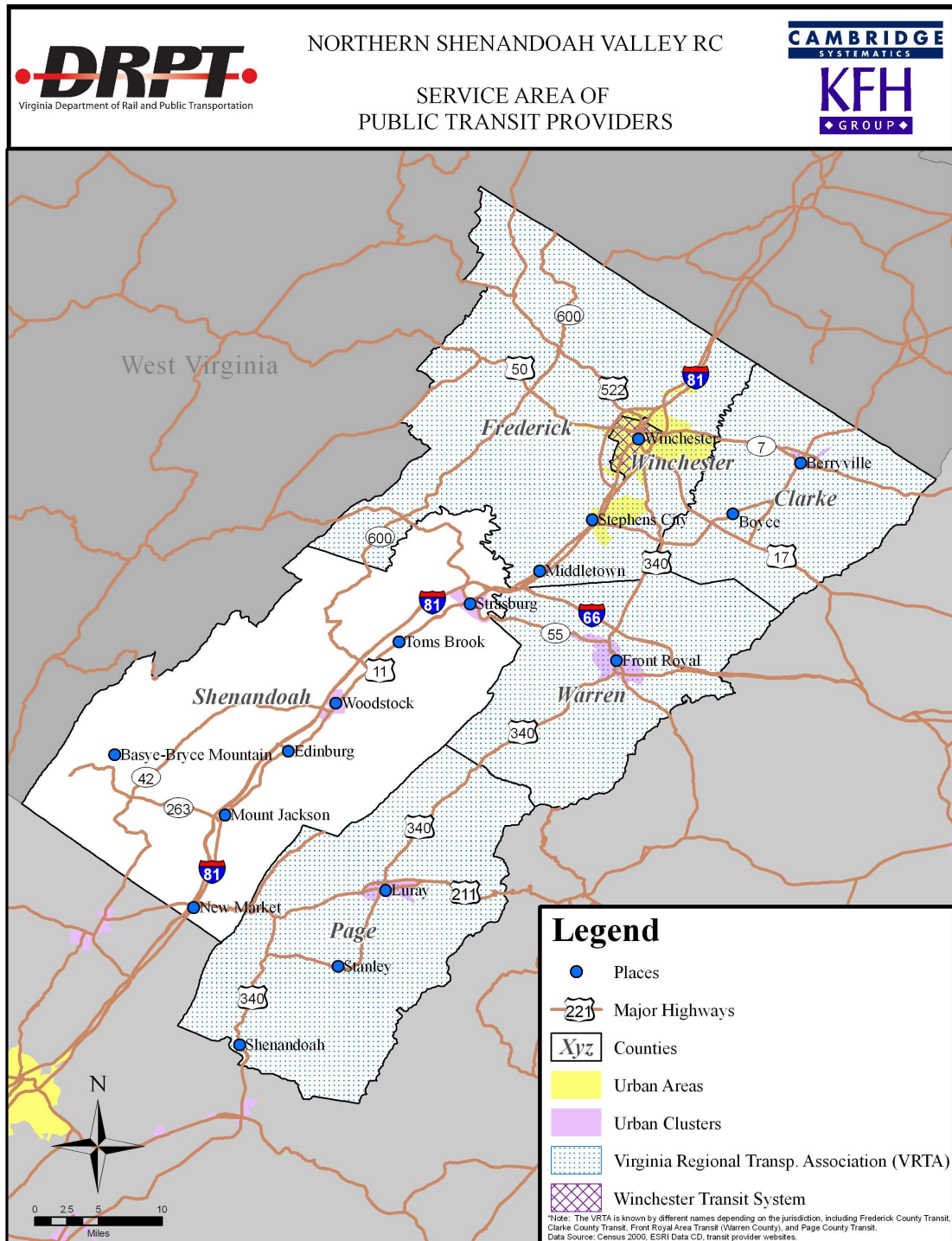
Figure 10 portrays the service areas of the public transit providers in the PDC. Winchester Transit and VRTA are the providers that serve the general public. While Winchester Transit mainly serves Winchester, VRTA provides service in Frederick, Clarke, Warren, and Page Counties. In Warren County, the VRTA service is known as Front Royal Area Transit (FRAT).

### Private Transportation Providers

In addition, several private transportation providers that provide service within the PDC were identified:

- A Yellow Cab of Winchester, Winchester, VA
- Ace Cab Service, Front Royal, VA
- Apple Taxi, Winchester, VA
- Blue Ridge Taxi Services, Strasburg, VA
- Colonial Taxi Services, Woodstock, VA
- County Cab Co., Mount Jackson, VA
- Elwood's Cab Co., Front Royal, VA
- LC Cab Company, Inc., Front Royal, VA
- Pat's Cab, Winchester, VA
- Polly's Cab Inc., Winchester, VA
- Taxi USA, Winchester, VA
- Yellow Cab Co., Winchester, VA

Figure 10. Service Area of Public Transit Providers



## **VII. Assessment of Unmet Transportation Needs and Gaps**

An important step in completing this plan includes the identification of unmet transportation needs or service gaps. In addition to analyses based on demographics and potential destinations, local providers and key stakeholders provided input on the PDC's needs and gaps. This in-depth needs assessment provides the basis for recognizing where and how service for the region needs to be improved. In some cases, maintaining and protecting existing services is identified as a need.

Participants at the Weyers Cave workshop from PDC 7 provided input on specific unmet transportation needs in the region. This input focused on the targeted population groups for the Section 5310, JARC, and New Freedom Programs (older adults, people with disabilities, people with lower incomes) and specific need characteristics (trip purpose, time, place/destination, information/ outreach, travel training/orientation, or others).

The vast majority of needs identified by workshop participants were described as "cross-cutting" – a need of all three population groups. Unless otherwise noted, each of the following was identified as a cross-cutting need:

### *Trip Purpose*

- Transportation services beyond a specific agency's program criteria.
- Transportation for non-medical related social trips.
- Access to evening GED and college classes.
- Transportation to access evening employment opportunities.
- Transportation to recreation (i.e. parks, sports facilities).
- Additional transportation options for people who are eligible for CSB services.
- Greater door-to-door services for people who need assistance between their residence/destination and vehicle.

### Time

- Expanded transportation in evenings and on weekends.
- Transportation for job opportunities that require late shifts.
- Same-day transportation service for spontaneous travel needs.

### Place/Destination

- Transportation services from remote area of the region to employment and shopping destinations.
- Expanded transportation services to locations outside immediate service area, especially medical facilities.
- Transportation options for young people with disabilities living in rural areas of the region.

### Information/Outreach

- Mobility Facilitator to provide information on available transportation options and facilitate highly unique trips.
- Reduce liability issues that hinder coordination efforts, including working with insurance companies and informing providers of the Community Transportation Association of Virginia (CTAV) insurance program.
- Use of the Virginia 211 system to provide information on available transportation services.
- Marketing campaigns to educate general public on need for non-automobile transportation options and to reduce stigmatization of people who use public transit.

### Travel Training/Orientation

- Expand travel training services to help people unsure how to use available transportation services.

### Other

- Increased funding for operating costs.

- Expanded transportation options for school children and young people.
- Improved technology that facilitates coordination of services, including ability to network information between different providers.
- Formalized structure to facilitate and improve coordination of funding to expand services.
- Technical training for human service agencies on computer software and other route and service management technologies.
- Expanded use of volunteer drivers through formalized program, i.e. one that provides tax credits for volunteer drivers.
- Fares may be prohibitive for individuals with limited incomes.

## **VIII. Identified Strategies**

Coupled with the need to identify service gaps is the need to identify corresponding strategies intended to address service deficiencies. Based on the assessment of demographics and potential destinations, and especially the unmet transportation needs obtained from key local stakeholders in the region, a preliminary list of strategies was generated. These "strategies" differ from specific projects in that they may not be fully defined – projects would require an agency sponsor, specific expenditures, etc. The strategies were then presented at the second workshop for input and ownership. The workshop participants determined that all of the proposed strategies were important to the region, therefore no proposed strategy was eliminated. Ultimately, the 11 strategies listed below were endorsed by the workshop participants.

- 
1. Continue to support capital needs of coordinated human service/public transportation providers.
  2. Expand availability of demand-response service and specialized transportation services to provide additional trips for older adults, people with disabilities, and people with lower incomes.
  3. Build coordination among existing public transportation and human service transportation providers.
  4. Expand outreach and information on available transportation options in the region, including establishment of a central point of access.
  5. Provide flexible transportation options and more specialized transportation services or one-to-one services through expanded use of volunteers.
  6. Establish or expand programs that train customers, human service agency staff, medical facility personnel, and others in the use and availability of transportation services.
  7. Establish a ride-sharing program for long-distance medical transportation.
  8. Expand access to taxi and other private transportation operators.



9. Implement new public transportation services or operate existing public transit services on a more frequent basis.
  10. Bring new funding partners to public transit/human service transportation.
  11. Provide targeted shuttle services to access employment opportunities.
-

## **IX. Priorities for Implementation and Potential Projects**

Identification of priorities for implementation was based on feasibility for implementing the specific strategies. All of the strategies discussed during the second workshop that are eligible for funding from Section 5310, 5316, or 5317 programs are considered priorities. Based on this process, 11 specific strategies to meet these needs in PDC 7 were identified (as noted in Section VIII) as the priorities and included in the region's CHSM Plan.

These strategies are detailed in this section to include the multiple unmet transportation needs or issues each address, potential projects that correspond to each strategy, and potential funding sources through the three programs that require this coordinated plan.

While potential projects that could be implemented to fulfill these strategies are included, please note that this list is not comprehensive and other projects that meet the strategy would also be considered.

**Strategy: Continue to Support Capital Needs of Coordinated Human Service/Public Transportation Providers**

To implement strategies to expand mobility options for older adults, people with disabilities, and people with lower incomes in the region, maintaining and building upon the current capital infrastructure is crucial to the community transportation network. This strategy would involve appropriate vehicle replacement, vehicle rehabilitation, vehicle equipment improvements, and acquisition of new vehicles to support development of a coordinated transportation system.

**Unmet Need/Issue Strategy Will Address:**

- Transportation services beyond a specific agency's program criteria.
- Transportation for non-medical related social trips.
- Access to evening GED and college classes.
- Transportation to access evening employment opportunities.
- Transportation to recreation (i.e. parks, sports facilities)
- Additional transportation options for people who are eligible for CSB services.
- Same-day transportation service for spontaneous travel needs.
- Expanded transportation services to locations outside immediate service area, especially medical facilities.
- Transportation options for young people with disabilities living in rural areas of the region.

**Potential Funding Sources:**

- Section 5310
- New Freedom
- JARC

**Potential Projects:**

- Capital expenses to support the provision of transportation services to meet the special needs of older adults, people with disabilities, and people with lower incomes.
- Capital needs to support new mobility management and coordination programs among public transportation providers and human service agencies providing transportation.

**Strategy: Expand availability of demand-response service and specialized transportation services to provide additional trips for older adults, people with disabilities, and people with lower incomes.**

The expansion of current demand-response and specialized transportation services operated in the region is a logical strategy for improving mobility for older adults, people with disabilities, and people with lower incomes. This strategy would meet multiple unmet needs and issues while taking advantage of existing organizational structures. Operating costs -- driver salaries, fuel, vehicle maintenance, etc. -- would be the primary expense for expanding services, though additional vehicles may be necessary for providing same-day transportation services or serving larger geographic areas.

**Unmet Needs/Issues Strategy Will Address:**

- Transportation for job opportunities that require late shifts.
- Expanded transportation in evenings and on weekends (except Harrisonburg).
- Transportation services beyond a specific agency's program criteria.
- Transportation for non-medical related social trips.
- Access to evening GED and college classes.
- Transportation to access evening employment opportunities.
- Transportation to recreation (i.e. parks, sports facilities).
- Same-day transportation service for spontaneous travel needs.
- Transportation services from remote areas of the region to employment and shopping destinations.

**Unmet Needs/Issues Strategy Will Address (continued):**

- Expanded transportation services to locations outside immediate service area, especially medical facilities.
- Transportation options for young people with disabilities living in rural areas of the region.

**Potential Funding Sources:**

- New Freedom
- JARC
- Section 5310
- Section 5311/ Section 5311 (f)

**Potential Projects:**

- Expand current demand-response system to serve additional trips.
- Expand hours and days of current demand response system to meet additional service needs.
- Create same day service under current demand-response system.

**Strategy: Expand coordination among existing public transportation and human service transportation providers.**

During the coordinated planning process, it was noted that there are opportunities in the region to expand coordination among existing transportation providers. A mobility facilitation strategy can be employed to establish the formalized structure that provides the support and resources to explore these possibilities and put into action the necessary follow-up activities.

**Unmet Needs/Issues Strategy Will Address:**

- Transportation services beyond a specific agency's program criteria.
- Same-day transportation service for spontaneous travel needs.
- Expanded transportation services to locations outside immediate service area, especially medical facilities.
- Transportation options for young people with disabilities living in rural areas of the region.
- Mobility Facilitator to provide information on available transportation options and facilitate highly unique trips.
- Reduce liability issues that hinder coordination efforts, including working with insurance companies and informing providers of the Community Transportation Association of Virginia (CTAV) insurance program.
- Improved technology that facilitates coordination of services, including ability to network information between different providers.

**Unmet Needs/Issues Strategy Will Address (continued):**

- Formalized structure to facilitate and improve coordination of funding to expand services.
- Technical training for human service agencies on computer software and other route and service management technologies.

**Potential Funding Sources:**

- New Freedom
- JARC
- Section 5310
- Section 5311/Section 5311 (f)

**Potential Projects:**

- Mobility Facilitator to facilitate cooperation between transportation providers, including:
  - Helping establish inter-agency agreements for connecting services or sharing rides.
  - Arranging trips for customers as needed.
  - Exploring technologies that simplify access to information on services.
  - Coordinate services among providers with wheelchair-accessible vans so that these resources can be better accessed throughout the community.
  - Use of human service agency transportation providers as feeder service to fixed routes.
- Implement voucher program through which human service agencies are reimbursed for trips provided for another agency based on pre-determined rates or contractual arrangements.



**Strategy: Expand outreach and information on available transportation options in the region, including establishment of a centralized point of access.**

A greater emphasis can be placed not just on the coordination of actual services, but also on outreach and information sharing to ensure people with limited mobility are aware of the transportation services available to them. This strategy also presents another opportunity for a Mobility Facilitator project, whose activities could include the promotion of available transportation services.

**Unmet Needs/Issues Strategy Will Address:**

- Mobility Facilitator to provide information on available transportation options and facilitate highly unique trips.
- Use of the Virginia 211 system to provide information on available transportation services.
- Marketing campaigns to educate general public on need for non-automobile transportation options and to reduce stigmatization of people who use public transit.

**Potential Funding Sources:**

- New Freedom
- JARC

**Potential Projects:**

- Mobility Facilitator to facilitate access to transportation services, including:
  - Serving as information clearing- house on available public transit and human services transportation in region.
  - Implementing new or expanded outreach programs that provide potential customers and human service agency staff with information and training in use of current transportation services.
- Implement new or expand outreach programs that provide customers and human service agency staff with training and assistance in use of current transportation services.
- Implement mentor/advocate program to connect current riders with potential customers for training in use of services.
- Implement marketing campaign targeting specific audiences and routes.

**Strategy: Provide flexible transportation options and more specialized or one-to-one services through expanded use of volunteers.**

A variety of transportation services are needed to meet the mobility needs of older adults, people with disabilities, and people with lower incomes in the region. Customers may need more specialized services beyond those typically provided through general public transit services, and the rural nature of the region is often not conducive for shared ride services. Therefore, the use of volunteers may offer transportation options that are difficult to provide through public transit and human service agency transportation. Volunteers can also provide a more personal and one-to-one transportation service for customers who may require additional assistance.

**Unmet Needs/Issues Strategy Will Address:**

- Greater door-to-door services for people who need assistance between their residence/destination and vehicle.
- Expanded use of volunteer drivers through formalized program, i.e. one that provides tax credits for volunteer drivers.
- Transportation services beyond a specific agency's program criteria.
- Transportation for non-medical related social trips.
- Transportation to recreation (i.e. parks, sports facilities).
- Additional transportation options for people who are eligible for CSB services.
- Same-day transportation service for spontaneous travel needs.
- Transportation options for young people with disabilities living in rural areas of the region.

**Potential Funding Sources:**

- New Freedom

**Potential Projects:**

- Implement new or expanded volunteer driver program to meet specific geographic or trip purpose needs in region.
- Implement new or expanded volunteer driver program to provide same day transportation.

**Strategy: Establish or expand programs that train customers, human service agency staff, medical facility personnel, and others in the use and availability of transportation services**

In addition to expanding transportation options in the region, it is important that customers, as well as caseworkers, agency staff, and medical facility personnel that work with older adults, people with disabilities, and people with low incomes, are familiar with available transportation services. Efforts can include travel training programs to help individuals use public transit services, and outreach programs to ensure people helping others with their transportation issues are aware of mobility options in the region. In addition, the demand for transportation services to dialysis treatment facilities necessitates the need for a strong dialogue between transportation providers and dialysis locations so that treatment openings and available transportation are considered simultaneously.

**Unmet Needs/Issues Strategy Will Address:**

- Expand travel training services to help people unsure how to use available transportation services.
- Transportation for non-medical related social trips.
- Mobility Facilitator to provide information on available transportation options and facilitate highly unique trips.
- Expanded transportation options for school children and young people.

**Potential Funding Sources:**

- New Freedom
- JARC

**Potential Projects:**

- Implement new or expand outreach programs that provide customers and human service agency staff with training and assistance in use of current transportation services.
- Implement mentor/advocate program to connect current riders with potential customers for training in use of services.

**Strategy: Establish a ride-sharing program for long-distance medical transportation.**

This strategy would use this commuter-oriented model as a basis for developing a ride-sharing program for long distance medical trips. A database of potential drivers and riders could be kept with a central "Mobility Facilitator," who would match the trip needs with the available participating drivers. The riders would share the expenses with the drivers on a per-mile basis (i.e. similar to mileage reimbursement). This strategy could be a cost-effective way to provide long-distance medical trips without sending a human service or public transit vehicle out of the region for a day. This strategy could be implemented in conjunction with a broader mobility management program.

**Unmet Needs/Issues Strategy Will Address:**

- Expanded transportation services to locations outside immediate service area, especially medical facilities.
- Improved technology that facilitates coordination of services, including ability to network information between different providers.

**Potential Funding Sources:**

- New Freedom
- Section 5311/Section 5311(f)

**Potential Projects:**

- Development of a ride-share matching database that could be used to effectively match potential drivers with people who need rides.
- Development of volunteer driver program to provide long distance medical trips.

### **Strategy: Expand Access to Taxi and Other Private Transportation Operators**

While taxi services and private transportation providers in the region are limited, for evenings and weekends and for same-day transportation needs, these services may be the best options for area residents; albeit one that is more costly to use. By subsidizing user costs, possibly through a voucher program, there can be expanded access to taxis and other private transportation services. This approach has been employed successfully in other rural areas of the country, particularly as a means to provide people with disabilities with more flexible transportation services.

#### **Unmet Needs/Issues Strategy Will Address:**

- Transportation for job opportunities that require late shifts.
- Expanded transportation in evenings and on weekends.
- Transportation for non-medical related social trips.
- Access to evening GED and college classes.
- Transportation to access evening employment opportunities.
- Transportation to recreation (i.e. parks, sports facilities).
- Same-day transportation service for spontaneous travel needs.

#### **Potential Funding Sources:**

- New Freedom



**Potential Projects:**

- Implement voucher program to subsidize rides for taxi trips or trips provided by private operators.
- Implement guaranteed ride home program to enable transit customers to get home quickly in case of unexpected emergencies.
- Agency(ies) purchasing a certain number of taxi trips (by contract) to cover service 24/7.
- Purchase accessible vehicles for use in taxi services.

**Strategy: Implement new public transportation services or operate existing public transit services on a more frequent basis.**

The public transit services in PDC 7 are noted in Section VI. New or expanded services in the evenings and weekends should be considered to expand mobility options in the region, especially to work locations. In addition, services that allow access to key destinations outside the region were identified by workshop participants as an important need.

**Unmet Needs/Issues Strategy Will Address:**

- Transportation for job opportunities that require late shifts.
- Expanded transportation in evenings and on weekends.
- Access to evening GED and college classes.
- Transportation to access evening employment opportunities.

**Potential Funding Sources:**

- JARC
- Section 5310
- New Freedom
- Section 5307
- Section 5311/Section 5311(f)

**Potential Projects:**

- Increase frequency of public transit services as possible.
- Convert demand-response services to fixed schedule or fixed route services as possible.

**Strategy: Bring new funding partners to public transit/human service transportation.**

The demand for public transit-human service transportation is growing daily. One of the key obstacles the industry faces is how to pay for additional service. This strategy would meet multiple unmet needs and issues by tackling non-traditional sources of funding. Hospitals, supermarkets, and retailers who want the business of the region's riders may be willing to pay for part of the cost of transporting those riders to their sites. This approach is applicable to both medical and retail establishments already served, as well as new businesses.

**Unmet Needs/Issues Strategy Will Address:**

- Increased funding for operating costs.
- Fares may be prohibitive for individuals with limited incomes.
- Transportation for job opportunities that require late shifts.
- Expanded transportation in evenings and on weekends.
- Access to evening GED and college classes.
- Transportation to access evening employment opportunities.

**Potential Funding Sources:**

- JARC

**Potential Projects:**

- Employer funding support programs, either directly for services and/or for local share.
- Employer sponsored transit pass programs that allow employees to ride at reduced rates.
- Partnerships with private industry, i.e. retailers and medical centers.

**Strategy: Provide targeted shuttle services to access employment opportunities.**

Limited transportation services to access employment opportunities could be addressed through the implementation of shuttle services designed around concentrated job centers. These concentrated job opportunities provide central employment destinations that could potentially be served via targeted shuttle services. Locating a critical mass of workers is the key for this strategy to be effective. This strategy may also provide a mechanism for employer partnerships.

**Unmet Needs/Issues Strategy Will Address:**

- Transportation to access job opportunities that require evening and weekends shifts.
- Weekend transportation service in rural areas of the region, especially for work-related trips.

**Potential Funding Sources:**

- JARC

**Potential Projects:**

- Operating assistance to fund specifically-defined, targeted shuttle services.
- Capital assistance to purchase vehicles to provide targeted shuttle services.
- Partnership arrangements with major employers.

## **X. Plan Adoption Process**

As noted in Section IV, participants from the regional workshops were involved throughout the planning process, and reviewed and commented on initial drafts that included the assessment of transportation services, assessment of transportation needs and gaps, and proposed strategies and potential projects. Ultimately, these coordinated planning participants formally discussed and agreed upon the identified strategies in this plan. At the third workshop, they provided a more formal endorsement through a Statement of Participation, which is included in Appendix F.

Additionally, each plan will become a section within the PDC's Regional Rural Long Range Plan (RLRP) which is required by the Virginia Department of Transportation (VDOT). The intent is a regional transportation plan in rural areas that complements those in the metropolitan areas of the state. The development and components of each RLRP will include public outreach and recommendation development, as well as public endorsement and regional adoption.

## **XI. Ongoing and Future Arrangements for Plan Updates**

In addition to developing this coordinated public transit-human services transportation plan that fulfills the FTA requirements, DRPT will be working with the region on an ongoing structure to serve as the foundation for future coordinated transportation planning efforts.

Similar to the process for development of the CHSM Plan, this structure will be determined through input with a diverse group of stakeholders that represent transportation, aging, disability, social service and other appropriate organizations in the region, including participants from the first two workshops. While formal responsibilities and organizational roles will be determined locally, it is anticipated this structure will:

- Lead updates of the *Coordinated Human Service Mobility Plan* for PDC 7 based on local needs (but at the minimum FTA required cycle).
- Provide input and assist public transit and human service transportation providers in establishing priorities with regard to community transportation services.
- Review and discuss coordination strategies in the region and provide recommendations for potential improvements to help expand mobility options in the region.
- Provide input on applications for funding through the Section 5310, JARC, and New Freedom competitive selection process.

## Appendix A – Final FTA Guidance on Coordinated Planning Requirements

*The following excerpt is from the final guidance from the Federal Transit Administration (FTA) on the Elderly Individuals and Individuals with Disabilities (Section 5310), Job Access Reverse Commute (JARC – Section 5316) and New Freedom (Section 5317) programs. (Effective May 1, 2007)*

Final Circulars: [http://www.fta.dot.gov/laws/leg\\_reg\\_circulars\\_guidance.html](http://www.fta.dot.gov/laws/leg_reg_circulars_guidance.html)

Final Register Notices: [http://www.fta.dot.gov/laws/leg\\_reg\\_federal\\_register.html](http://www.fta.dot.gov/laws/leg_reg_federal_register.html)

### **COORDINATED PLANNING**

1. THE COORDINATED PUBLIC TRANSIT-HUMAN SERVICES TRANSPORTATION PLAN. Federal transit law, as amended by SAFETEA-LU, requires that projects selected for funding under the Elderly Individuals and Individuals with Disabilities (Section 5310), Job Access and Reverse Commute (JARC), and New Freedom programs be “derived from a locally developed, coordinated public transit-human services transportation plan” and that the plan be “developed through a process that includes representatives of public, private, and non-profit transportation and human services providers and participation by members of the public.” The experiences gained from the efforts of the Federal Interagency Coordinating Council on Access and Mobility (CCAM), and specifically the United We Ride (UWR) Initiative, provide a useful starting point for the development and implementation of the local public transit-human services transportation plan required under the Section 5310, JARC and New Freedom Programs. Many States have established UWR plans that may form a foundation for a coordinated plan that includes the required elements outlined in this chapter and meets the requirements of 49 U.S.C. 5317.
2. DEVELOPMENT OF THE COORDINATED PUBLIC TRANSIT-HUMAN SERVICES TRANSPORTATION PLAN.
  - a. Overview. A locally developed, coordinated, public transit-human services transportation plan (“coordinated plan”) identifies the transportation needs of individuals with disabilities, older adults, and people with low incomes, provides strategies for meeting those local needs, and prioritizes transportation services for funding and implementation. Local plans may be developed on a local, regional, or statewide level. The decision as to the boundaries of the local planning areas should be made in consultation with the State, designated recipient and the metropolitan planning organization (MPO), where applicable. The agency leading the planning process is decided locally and does not have to be the designated recipient.

In urbanized areas where there are multiple designated recipients, there may be multiple plans and each designated recipient will be responsible for the competitive selection of projects in the designated recipient's area. A coordinated plan should maximize the programs' collective coverage by minimizing duplication of services. Further, a coordinated plan must be developed through a process that includes representatives of public and



private and non-profit transportation and human services transportation providers, and participation by members of the public. Members of the public should include representatives of the targeted population(s) including individuals with disabilities, older adults, and people with low incomes. While the plan is only required in communities seeking funding under one or more of the three specified FTA programs, a coordinated plan should also incorporate activities offered under other programs sponsored by Federal, State, and local agencies to greatly strengthen its impact.

b. Required Elements. Projects competitively selected for funding shall be derived from a coordinated plan that minimally includes the following elements at a level consistent with available resources and the complexity of the local institutional environment:

- (1) An assessment of available services that identifies current transportation providers (public, private, and non-profit);
- (2) An assessment of transportation needs for individuals with disabilities, older adults, and people with low incomes. This assessment can be based on the experiences and perceptions of the planning partners or on more sophisticated data collection efforts, and gaps in service (Note: If a community does not intend to seek funding for a particular program (Section 5310, JARC, or New Freedom), then the community is not required to include an assessment of the targeted population in its coordinated plan);
- (3) Strategies, activities and/or projects to address the identified gaps between current services and needs, as well as opportunities to improve efficiencies in service delivery; and
- (4) Priorities for implementation based on resources (from multiple program sources), time, and feasibility for implementing specific strategies and/or activities identified.

Note: FTA will consider plans developed before the issuance of final program circulars to be an acceptable basis for project selection for FY 2007 if they meet minimum criteria. Plans for FY 2007 should include 1) an assessment of available services; 2) an assessment of needs; and 3) strategies to address gaps for target populations; however, FTA recognizes that initial plans may be less complex in one or more of these elements than a plan developed after the local coordinated planning process is more mature. Addendums to existing plans to include these elements will also be sufficient for FY 2007. Plans must be developed in good faith in coordination with appropriate planning partners and with opportunities for public participation.

c. Local Flexibility in the Development of a Local Coordinated Public Transit-Human Services Transportation Plan. The decision for determining which agency has the lead for the development and coordination of the planning process should be made at the State, regional, and local levels. FTA recognizes the importance of local flexibility in developing plans for human service transportation. Therefore, the lead agency for the coordinated planning process may be different from the agency that will serve as the designated

recipient. Further, FTA recognizes that many communities have conducted assessments of transportation needs and resources regarding individuals with disabilities, older adults, and/or people with low incomes. FTA also recognizes that some communities have taken steps to develop a comprehensive, coordinated, human service transportation plan either independently or through United We Ride efforts. FTA supports communities building on existing assessments, plans and action items. As all new Federal requirements must be met, however, communities may need to modify their plans or processes as necessary to meet these requirements. FTA encourages communities to consider inclusion of new partners, new outreach strategies, and new activities related to the targeted programs and populations.

Plans will vary based upon the availability of resources and the existence of populations served under these programs. A rural community may develop its plans based on perceived needs emerging from the collaboration of the planning partners, whereas a large urbanized community may use existing data sources to conduct a more formal analysis to define service gaps and identify strategies for addressing the gaps.

This type of planning is also an eligible activity under three other FTA programs—the Metropolitan Planning (Section 5303), Statewide Planning (Section 5304), and Urbanized Area Formula (Section 5307) programs, all of which may be used to supplement the limited (10 percent) planning and administration funding under this program. Other resources may also be available from other entities to fund coordinated planning activities. All “planning” activities undertaken in urbanized areas, regardless of the funding source, must be included in the Unified Planning Work Program (UPWP) of the applicable MPO.

- d. Tools and Strategies for Developing a Coordinated Plan. States and communities may approach the development of a coordinated plan in different ways. The amount of available time, staff, funding, and other resources should be considered when deciding on specific approaches. The following is a list of potential strategies for consideration.
  - (1) Community planning session. A community may choose to conduct a local planning session with a diverse group of stakeholders in the community. This session would be intended to identify needs based on personal and professional experiences, identify strategies to address the needs, and set priorities based on time, resources, and feasibility for implementation. This process can be done in one meeting or over several sessions with the same group. It is often helpful to identify a facilitator to lead this process. Also, as a means to leverage limited resources and to ensure broad exposure, this could be conducted in cooperation or coordination with the applicable metropolitan or statewide planning process.
  - (2) Self-assessment tool. *The Framework for Action: Building the Fully Coordinated Transportation System*, developed by FTA and available at [www.unitedweride.gov](http://www.unitedweride.gov), helps stakeholders realize a shared perspective and build a roadmap for moving forward together. The self-assessment tool focuses on a series of core elements that are represented in categories of simple diagnostic questions to help groups in States and communities

assess their progress toward transportation coordination based on standards of excellence. There is also a *Facilitator's Guide* that offers detailed advice on how to choose an existing group or construct an ad hoc group. In addition, it describes how to develop elements of a plan, such as identifying the needs of targeted populations, assessing gaps and duplications in services, and developing strategies to meet needs and coordinate services.

- (3) Focus groups. A community could choose to conduct a series of focus groups within communities that provides opportunity for greater input from a greater number of representatives, including transportation agencies, human service providers, and passengers. This information can be used to inform the needs analysis in the community. Focus groups also create an opportunity to begin an ongoing dialogue with community representatives on key issues, strategies, and plans for implementation.
- (4) Survey. The community may choose to conduct a survey to evaluate the unmet transportation needs within a community and/or available resources. Surveys can be conducted through mail, e-mail, or in-person interviews. Survey design should consider sampling, data collection strategies, analysis, and projected return rates. Surveys should be designed taking accessibility considerations into account, including alternative formats, access to the internet, literacy levels, and limited English proficiency.
- (5) Detailed study and analysis. A community may decide to conduct a complex analysis using inventories, interviews, GIS mapping, and other types of research strategies. A decision to conduct this type of analysis should take into account the amount of time and funding resources available, and communities should consider leveraging State and MPO resources for these undertakings.

3. PARTICIPATION IN THE COORDINATED PUBLIC TRANSIT-HUMAN SERVICES TRANSPORTATION PLANNING PROCESS. Recipients shall certify that the coordinated plan was developed through a process that included representatives of public, private, and non-profit transportation and human services providers, and participation by members of the public. Note that the required participants include not only transportation providers but also providers of human services, and members of the public (e.g., individuals with disabilities, older adults, and individuals with low incomes) who can provide insights into local transportation needs. It is important that stakeholders be included in the development and implementation of the local coordinated public transit-human services transportation plan. A planning process in which stakeholders provide their opinions but have no assurance that those opinions will be considered in the outcome does not meet the requirement of 'participation.' Explicit consideration and response should be provided to public input received during the development of the coordinated plan. Stakeholders should have reasonable opportunities to be actively involved in the decision-making process at key decision points, including, but not limited to, development of the proposed coordinated plan document. The following possible strategies facilitate appropriate inclusion:

- a. Adequate Outreach to Allow for Participation. Outreach strategies and potential participants will vary from area to area. Potential outreach strategies could include notices or flyers in centers of community activity, newspaper or radio announcements, e-mail lists, website postings, and invitation letters to other government agencies, transportation providers, human services providers, and advocacy groups. Conveners should note that not all potential participants have access to the Internet and they should not rely exclusively on electronic communications. It is useful to allow many ways to participate, including in-person testimony, mail, e-mail, and teleconference. Any public meetings regarding the plan should be held in a location and time where accessible transportation services can be made available, and adequately advertised to the general public using techniques such as those listed above. Additionally, interpreters for individuals with hearing impairments and English as a second language and accessible formats (e.g., large print, Braille, electronic versions) should be provided as required by law.
- b. Participants in the Planning Process. Metropolitan and statewide planning under 49 U.S.C. 5303 and 5304 require consultation with an expansive list of stakeholders. There is significant overlap between the lists of stakeholders identified under those provisions (e.g., private providers of transportation, representatives of transit users, and representatives of individuals with disabilities) and the organizations that should be involved in preparation of the coordinated plan.

The projects selected for funding under the Section 5310 , JARC, and New Freedom Programs must be "derived from a locally developed, coordinated public transit-human services transportation plan" that was "developed through a process that includes representatives of public, private, and non-profit transportation and human services providers and participation by members of the public." The requirement for developing the local public transit-human services transportation plan is intended to improve services for people with disabilities, older adults, and individuals with low incomes. Therefore, individuals, groups and organizations representing these target populations should be invited to participate in the coordinated planning process. Consideration should be given to including groups and organizations such as the following in the coordinated planning process if present in the community:

(1) Transportation partners:

- (a) Area transportation planning agencies, including MPOs, Councils of Government (COGs), Rural Planning Organizations (RPOs), Regional Councils, Associations of Governments, State Departments of Transportation, and local governments;
- (b) Public transportation providers (including Americans with Disabilities Act (ADA) paratransit providers and agencies administering the projects funded under FTA urbanized and nonurbanized programs);
- (c) Private transportation providers, including private transportation brokers, taxi operators, van pool providers, school transportation operators, and intercity bus operators;
- (d) Non-profit transportation providers;

- (e) Past or current organizations funded under the JARC, Section 5310, and/or the New Freedom Programs; and
  - (f) Human service agencies funding, operating, and/or providing access to transportation services.
- (2) Passengers and advocates:
- (a) Existing and potential riders, including both general and targeted population passengers (individuals with disabilities, older adults, and people with low incomes);
  - (b) Protection and advocacy organizations;
  - (c) Representatives from independent living centers; and
  - (d) Advocacy organizations working on behalf of targeted populations.
- (3) Human service partners:
- (a) Agencies that administer health, employment, or other support programs for targeted populations. Examples of such agencies include but are not limited to Departments of Social/Human Services, Employment One-Stop Services; Vocational Rehabilitation, Workforce Investment Boards, Medicaid, Community Action Programs (CAP), Agency on Aging (AoA); Developmental Disability Council, Community Services Board;
  - (b) Non-profit human service provider organizations that serve the targeted populations;
  - (c) Job training and placement agencies;
  - (d) Housing agencies;
  - (e) Health care facilities; and
  - (f) Mental health agencies.
- (4) Other:
- (a) Security and emergency management agencies;
  - (b) Tribes and tribal representatives;
  - (c) Economic development organizations;
  - (d) Faith-based and community-based organizations;
  - (e) Representatives of the business community (e.g., employers);
  - (f) Appropriate local or State officials and elected officials;

- (g) School districts; and
- (h) Policy analysts or experts.

Note: Participation in the planning process will not bar providers (public or private) from bidding to provide services identified in the coordinated planning process. This planning process differs from the competitive selection process, and it differs from the development and issuance of a Request for Proposal (RFP) as described in the Common Grant Rule (49 CFR part 18).

- c. Levels of Participation. The suggested list of participants above does not limit participation by other groups, nor require participation by every group listed. Communities will have different types of participants depending on population and size of community, geographic location, and services provided at the local level. It is expected that planning participants will have an active role in the development, adoption, and implementation of the plan. Participation may remain low even though a good faith effort is made by the lead agency to involve passengers, representatives of public, private, and non-profit transportation and human services providers, and others. The lead agency convening the coordinated planning process should document the efforts it utilized, such as those suggested above, to solicit involvement.

In addition, Federal, State, regional, and local policy makers, providers, and advocates should consistently engage in outreach efforts that enhance the coordinated process, because it is important that all stakeholders identify the opportunities that are available in building a coordinated system. To increase participation at the local levels from human service partners, State Department of Transportation offices are encouraged to work with their partner agencies at the State level to provide information to their constituencies about the importance of partnering with human service transportation programs and the opportunities that are available through building a coordinated system.

- d. Adoption of a Plan. As a part of the local coordinated planning process, the lead agency in consultation with participants should identify the process for adoption of the plan. A strategy for adopting the plan could also be included in the designated recipient's Program Management Plan (PMP) further described in Chapter VII.

FTA will not formally review and approve plans. The designated recipient's grant application will document the plan from which each project listed is derived, including the lead agency, the date of adoption of the plan, or other appropriate identifying information. This may be done by citing the section of the plan or page references from which the project is derived.

#### 4. RELATIONSHIP TO OTHER TRANSPORTATION PLANNING PROCESSES.

- a. Relationship Between the Coordinated Planning Process and the Metropolitan and Statewide Transportation Planning Processes. The coordinated plan can either be developed separately from the metropolitan and statewide transportation planning processes and then incorporated into the broader plans, or be developed as a part of the metropolitan and statewide transportation planning processes. If the coordinated plan is not prepared within the broader process, the lead agency for the coordinated plan should

ensure coordination and consistency between the coordinated planning process and metropolitan or statewide planning processes. For example, planning assumptions should not be inconsistent.

Projects identified in the coordinated planning process, and selected for FTA funding through the competitive selection process must be incorporated into both the Transportation Improvement Program (TIP) and Statewide Transportation Improvement Program (STIP) in urbanized areas with populations of 50,000 or more; and incorporated into the STIP for nonurbanized areas under 50,000 in population. In some areas, where the coordinated plan or competitive selection is not completed in a timeframe that coincides with the development of the TIP/STIP, the TIP/STIP amendment processes will need to be utilized to include competitively selected projects in the TIP/STIP before FTA grant award.

The lead agency developing the coordinated plan should communicate with the relevant MPOs or State planning agencies at an early stage in plan development. States with coordination programs may wish to incorporate the needs and strategies identified in local coordinated plans into statewide coordination plans.

Depending upon the structure established by local decision-makers, the coordinated planning process may or may not become an integral part of the metropolitan or statewide transportation planning processes. State and local officials should consider the fundamental differences in scope, time horizon, and level of detail between the coordinated planning process and the metropolitan and statewide transportation planning processes. However, there are important areas of overlap between the planning processes, as well. Areas of overlap represent opportunities for sharing and leveraging resources between the planning processes for such activities as: (1) needs assessments based on the distribution of targeted populations and locations of employment centers, employment-related activities, community services and activities, medical centers, housing and other destinations; (2) inventories of transportation providers/resources, levels of utilization, duplication of service and unused capacity; (3) gap analysis; (4) any eligibility restrictions; and (5) opportunities for increased coordination of transportation services. Local communities may choose the method for developing plans that best fits their needs and circumstances.

- b. Relationship Between the Requirement for Public Participation in the Coordinated Plan and the Requirement for Public Participation in Metropolitan and Statewide Transportation Planning. SAFETEA-LU strengthened the public participation requirements for metropolitan and statewide transportation planning. Title 49 U.S.C. 5303(i)(5) and 5304(f)(3), as amended by SAFETEA-LU, require MPOs and States to engage the public and stakeholder groups in preparing transportation plans, TIPs, and STIPs. "Interested parties" include, among others, affected public agencies, private providers of transportation, representatives of users of public transportation, and representatives of individuals with disabilities.

MPOs and/or States may work with the lead agency developing the coordinated plan to coordinate schedules, agendas, and strategies of the

coordinated planning process with metropolitan and statewide planning in order to minimize additional costs and avoid duplication of efforts. MPOs and States must still provide opportunities for participation when planning for transportation related activities beyond the coordinated public transit-human services transportation plan.

- c. Cycle and Duration of the Coordinated Plan. At a minimum, the coordinated plan should follow the update cycles for metropolitan transportation plans (i.e., four years in air quality nonattainment and maintenance areas and five years in air quality attainment areas). However, communities and States may update the coordinated plan to align with the competitive selection process based on needs identified at the local levels. States, MPOs, designated recipients, and public agencies that administer or operate major modes of transportation should set up a cycle that is conducive to and coordinated with the metropolitan and statewide planning processes, to ensure that selected projects are included in the TIP and STIP, to receive funds in a timely manner.
- d. Role of Transportation Providers that Receive FTA Funding Under the Urbanized and Other Than Urbanized Formula Programs in the Coordinated Planning Process. Recipients of Section 5307 and Section 5311 assistance are the “public transit” in the public transit-human services transportation plan and their participation is assumed and expected. Further, 49 U.S.C. 5307(c)(5) requires that, “Each recipient of a grant shall ensure that the proposed program of projects (POP) provides for the coordination of public transportation services ... with transportation services assisted from other United States Government sources.” In addition, 49 U.S.C. 5311(b)(2)(C)(ii) requires the Secretary of the DOT to determine that a State's Section 5311 projects “provide the maximum feasible coordination of public transportation service ... with transportation service assisted by other Federal sources.” Finally, under the Section 5311 program, States are required to expend 15 percent of the amount available to support intercity bus service. FTA expects the coordinated planning process in rural areas to take into account human service needs that require intercity transportation.



## **Appendix B – Mobility Management – Eligible Activities and Potential Projects**

Supporting new mobility management and coordination programs among public transportation providers and other human service agencies providing transportation is an eligible project through the Federal Transit Administration's (FTA) Section 5317 (New Freedom) and Section 5316 (Job Access and Reverse Commute – JARC) Programs. Mobility management is considered an eligible capital cost. Therefore, the federal share of eligible project costs is 80 percent (as opposed to 50 percent for operating projects).

The following excerpt on mobility management activities is included in the FTA guidance for the New Freedom and JARC Programs:

- (1) Supporting new mobility management and coordination programs among public transportation providers and other human service agencies providing transportation. Mobility management is an eligible capital cost. Mobility management techniques may enhance transportation access for populations beyond those served by one agency or organization within a community. For example, a non-profit agency could receive New Freedom funding to support the administrative costs of sharing services it provides to its own clientele with other individuals with disabilities and coordinate usage of vehicles with other non-profits, but not the operating costs of the service. Mobility management is intended to build coordination among existing public transportation providers and other transportation service providers with the result of expanding the availability of service. Mobility management activities may include:
  - (a) The promotion, enhancement, and facilitation of access to transportation services, including the integration and coordination of services for individuals with disabilities, older adults, and low-income individuals;
  - (b) Support for short term management activities to plan and implement coordinated services;
  - (c) The support of State and local coordination policy bodies and councils;
  - (d) The operation of transportation brokerages to coordinate providers, funding agencies and customers;

- (e) The provision of coordination services, including employer-oriented Transportation Management Organizations' and Human Service Organizations' customer-oriented travel navigator systems and neighborhood travel coordination activities such as coordinating individualized travel training and trip planning activities for customers;
- (f) The development and operation of one-stop transportation traveler call centers to coordinate transportation information on all travel modes and to manage eligibility requirements and arrangements for customers among supporting programs; and
- (g) Operational planning for the acquisition of intelligent transportation technologies to help plan and operate coordinated systems inclusive of Geographic Information Systems (GIS) mapping, Global Positioning System Technology, coordinated vehicle scheduling, dispatching and monitoring technologies as well as technologies to track costs and billing in a coordinated system and single smart customer payment systems (acquisition of technology is also eligible as a stand alone capital expense).

A Mobility Facilitator can be the centerpiece of an effort to coordinate existing services to maximize efficiency and effectiveness. This entity can be designed to:

- Plan and identify needs and solutions, with an emphasis on work, school and training trips.
- Continue to seek greater efficiencies and reduce duplication through coordination.
- Coordinate and seek public and private funding – including New Freedom, JARC, and sponsorships.
- Coordinate human service transportation with workforce boards, social service agencies, etc.
- Conduct marketing efforts, developing schedules and how to ride guides.
- Serve as One Stop Information Center.
- Function as a rideshare coordinator.
- Develop a mentoring function.

## **Appendix C – Potential Non-DOT Federal Program Guide**

Source – United We Ride Website  
[www.unitedweride.gov/1\\_691\\_ENG\\_HTML.htm](http://www.unitedweride.gov/1_691_ENG_HTML.htm)

### **U.S. Department of Agriculture**

- [Food and Nutrition Service](#)

### **U.S. Department of Education**

- [Office of Elementary and Secondary Education](#)
- [Office of Innovation and Improvement](#)
- [Office of Special Education and Rehabilitative Services](#)

### **U.S. Department of the Interior**

- [Bureau of Indian Affairs](#)

### **U.S. Department of Health and Human Services**

- [Health Resources and Services Administration](#)
- [Centers for Medicare and Medicaid Services](#)
- [Administration on Aging](#)
- [Substance Abuse and Mental Health Services](#)
- [Administration for Children and Families](#)

### **U.S. Department of Housing and Urban Development**

### **U.S. Department of Labor**

- [Employment Standards Administration](#)
- [Veterans' Employment and Training Service](#)
- [Employment and Training Administration](#)

### **U.S. Department of Veterans Affairs**

- [Veterans Benefits Administration](#)
- [Veterans Health Administration](#)

## Appendix D – Workshop Attendees

### 1<sup>st</sup> Workshop – PDCs 6, 7, 9, and 10

Name	Organization	Type	County	Phone	E-mail
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Name	Organization	Type	County	Phone	E-mail
			City		
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## 2<sup>nd</sup> Workshop – PDC 7

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### ‘Type’ Key:

CD = County Department

CSB = Community Service Board

HS = Human Services

JT = Job Training Center

MTP = Medicare Transportation Provider

PDC = PDC Planning Office

PT = Public Transit

SD = Statewide Department

### 3<sup>rd</sup> Workshop – PDC 7

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## Appendix E – Demographics of Potentially Transit Dependent Persons

### Northern Shenandoah Valley RC

#### DEMOGRAPHICS OF POTENTIALLY TRANSIT DEPENDENT PERSONS

Block Group Number	County	Land Area (Square Miles)	Households	Population	Population Density (Persons/SqMi)	Elderly	Mobility Disabled	Below Poverty	Autoless Households
510430101001	Clarke	21.0	499	1,328	63.4	231	95	49	24
510430101002	Clarke	17.1	410	1,057	61.7	192	18	104	10
510430101003	Clarke	2.2	497	1,172	542.5	296	67	46	22
510430101004	Clarke	2.2	382	870	390.5	300	44	99	54
510430101005	Clarke	24.6	483	1,159	47.1	203	43	81	9
510430101006	Clarke	3.4	637	1,431	415.3	301	108	103	83
510430102001	Clarke	22.7	633	1,464	64.6	283	128	122	19
510430102002	Clarke	18.8	384	818	43.6	223	61	43	11
510430102003	Clarke	21.1	280	788	37.4	107	41	38	25
510430103001	Clarke	16.5	614	1,312	79.7	172	74	96	13
510430103002	Clarke	27.1	569	1,253	46.2	190	39	30	24
510690501001	Frederick	6.9	345	950	138.2	122	75	70	6
510690501002	Frederick	11.0	436	1,084	98.4	185	98	127	32
510690501003	Frederick	2.9	364	962	337.0	172	43	50	0
510690501004	Frederick	4.5	321	731	162.3	167	38	14	12
510690502001	Frederick	12.2	537	1,509	123.4	199	99	129	24
510690502002	Frederick	11.9	436	1,137	95.5	152	63	24	10
510690502003	Frederick	5.7	302	658	115.0	117	86	12	10
510690503001	Frederick	51.6	630	1,620	31.4	282	105	160	20
510690503002	Frederick	22.2	383	1,065	48.0	159	142	61	6
510690503003	Frederick	20.0	889	2,175	108.9	349	152	100	15
510690504001	Frederick	41.8	664	1,635	39.1	297	93	142	59
510690504002	Frederick	6.0	615	1,427	237.6	132	70	57	13
510690504003	Frederick	15.9	379	954	60.2	129	53	96	21
510690504004	Frederick	50.2	485	1,027	20.5	161	107	64	18
510690505001	Frederick	12.7	433	1,086	85.3	192	86	9	13
510690505002	Frederick	6.2	348	837	134.6	158	83	29	27
510690505003	Frederick	8.0	362	888	111.1	157	60	47	13
510690505004	Frederick	4.0	264	614	155.3	103	49	111	25
510690505005	Frederick	6.3	389	952	151.8	169	78	69	25
510690506001	Frederick	12.6	472	1,324	104.9	195	211	40	5
510690506002	Frederick	17.0	379	956	56.2	190	51	33	18
510690506003	Frederick	1.5	573	1,205	786.2	206	70	99	38
510690507001	Frederick	8.5	595	1,384	163.7	240	106	88	19
510690507002	Frederick	11.6	341	825	71.1	133	23	25	21
510690508001	Frederick	2.1	1,120	2,747	1,300.0	348	179	226	58
510690508002	Frederick	3.0	2,208	6,224	2,060.6	534	434	399	41
510690508003	Frederick	7.1	774	1,983	279.4	251	104	125	10
510690508004	Frederick	7.1	299	919	129.0	126	61	187	9
510690508005	Frederick	6.5	348	893	137.7	183	61	45	26
510690509001	Frederick	10.8	812	1,919	177.7	300	109	199	12

## Northern Shenandoah Valley RC

### DEMOGRAPHICS OF POTENTIALLY TRANSIT DEPENDENT PERSONS

Block Group Number	County	Land Area (Square Miles)	Households	Population	Population Density (Persons/SqMi)	Elderly	Mobility Disabled	Below Poverty	Autoless Households
510690509002	Frederick	9.9	551	1,219	123.5	344	74	56	19
510690510001	Frederick	0.4	398	1,022	2,842.3	144	65	49	9
510690510002	Frederick	0.9	770	1,902	2,206.8	234	43	201	8
510690510003	Frederick	0.7	606	1,486	2,215.6	216	75	61	0
510690510004	Frederick	1.8	575	1,592	907.1	248	77	43	15
510690510005	Frederick	1.9	439	1,184	637.7	150	87	29	9
510690511001	Frederick	8.6	2,046	5,709	666.6	751	365	224	74
510690511002	Frederick	1.8	750	2,114	1,168.6	197	77	125	25
510690511003	Frederick	1.2	681	1,291	1,067.7	478	114	102	86
511390301001	Page	1.1	370	849	743.5	191	84	119	13
511390301002	Page	4.5	253	614	136.1	110	55	141	6
511390301003	Page	45.8	528	1,168	25.5	217	102	52	0
511390302001	Page	31.3	624	1,011	32.3	235	101	83	10
511390302002	Page	4.3	516	1,151	265.2	292	124	107	54
511390302003	Page	4.6	442	1,110	241.4	369	92	114	22
511390302004	Page	27.8	445	799	28.7	181	63	48	14
511390303001	Page	27.0	516	1,080	40.0	209	68	186	24
511390303002	Page	14.8	469	1,120	75.7	231	109	155	44
511390303003	Page	4.7	768	1,669	357.4	436	125	270	75
511390303004	Page	0.4	470	969	2,610.6	242	65	63	66
511390304001	Page	9.9	601	1,437	145.1	249	82	180	21
511390304002	Page	5.2	525	1,274	243.3	236	67	146	26
511390304003	Page	1.9	479	1,100	580.0	189	81	200	47
511390304004	Page	26.4	633	1,302	49.3	220	135	204	22
511390304005	Page	13.6	406	890	65.3	151	60	150	20
511390305001	Page	38.0	548	1,172	30.8	193	123	93	47
511390305002	Page	6.0	369	838	139.5	176	62	123	27
511390305003	Page	40.0	490	1,091	27.3	164	82	154	16
511390305004	Page	2.5	406	908	359.4	215	42	49	37
511390305005	Page	0.2	258	592	2,792.8	134	45	116	24
511390305006	Page	0.9	441	1,033	1,109.2	168	55	92	16
511710401001	Shenandoah	11.7	904	2,069	176.9	394	159	141	31
511710401002	Shenandoah	1.1	735	1,526	1,332.5	280	143	124	92
511710401003	Shenandoah	4.7	799	1,788	379.3	371	171	142	116
511710401004	Shenandoah	10.5	359	832	79.2	177	65	36	15
511710402001	Shenandoah	39.6	590	1,359	34.3	299	96	26	11
511710402002	Shenandoah	68.6	673	1,521	22.2	307	127	262	37
511710402003	Shenandoah	76.1	1,945	2,246	29.5	604	168	128	25
511710403001	Shenandoah	16.4	817	1,904	116.0	369	121	46	21
511710403002	Shenandoah	12.6	554	1,367	108.7	316	155	101	24
511710404001	Shenandoah	37.7	448	756	20.1	151	36	54	14
511710404002	Shenandoah	71.4	683	1,272	17.8	290	67	87	28
511710405001	Shenandoah	2.3	556	1,220	530.5	340	63	76	45
511710405002	Shenandoah	4.1	571	1,240	305.9	306	117	282	86
511710405003	Shenandoah	6.7	1,194	2,748	410.2	853	163	212	119
511710405004	Shenandoah	7.4	418	1,075	146.2	207	103	87	28



## Northern Shenandoah Valley RC

### DEMOGRAPHICS OF POTENTIALLY TRANSIT DEPENDENT PERSONS

Block Group Number	County	Land Area (Square Miles)	Households	Population	Population Density (Persons/SqMi)	Elderly	Mobility Disabled	Below Poverty	Autoless Households
511710405005	Shenandoah	9.6	426	1,065	110.8	233	32	60	0
511710406001	Shenandoah	8.5	452	949	111.1	209	65	50	14
511710406002	Shenandoah	5.7	570	1,231	216.2	309	66	86	19
511710406003	Shenandoah	16.7	376	888	53.0	174	65	0	0
511710407001	Shenandoah	10.8	556	1,317	122.3	275	73	145	39
511710407002	Shenandoah	11.0	542	1,187	107.6	257	61	83	24
511710407003	Shenandoah	30.1	650	1,452	48.3	282	84	143	11
511710408001	Shenandoah	7.4	842	1,654	223.3	398	133	179	45
511710408002	Shenandoah	20.5	647	1,442	70.2	435	90	164	47
511710408003	Shenandoah	20.9	402	967	46.3	183	50	123	13
511870201001	Warren	11.3	1,015	2,060	182.5	181	163	134	7
511870201002	Warren	8.9	636	1,499	167.7	92	106	14	7
511870201003	Warren	11.6	762	1,769	152.5	193	47	50	32
511870202001	Warren	22.8	510	1,216	53.4	240	75	28	13
511870202002	Warren	23.7	473	1,019	43.0	260	74	36	6
511870203001	Warren	2.3	311	877	388.0	169	49	63	25
511870203002	Warren	4.2	533	1,355	325.9	219	93	148	31
511870203003	Warren	9.5	398	928	97.7	171	40	62	6
511870203004	Warren	17.5	361	874	49.8	127	46	38	10
511870203005	Warren	10.1	524	1,357	133.9	263	201	117	20
511870204001	Warren	0.2	280	602	3,304.4	164	31	65	32
511870204002	Warren	0.1	290	703	5,962.3	102	26	111	56
511870204003	Warren	0.5	379	931	1,704.4	161	97	124	31
511870204004	Warren	1.1	673	1,564	1,457.3	238	98	155	10
511870204005	Warren	0.5	339	685	1,259.3	243	98	62	50
511870205001	Warren	0.5	360	913	1,827.9	159	75	179	31
511870205002	Warren	0.3	470	1,094	3,871.4	281	77	83	11
511870205003	Warren	0.3	547	1,100	3,567.4	172	128	231	103
511870205004	Warren	0.3	414	971	3,140.5	161	99	166	34
511870206001	Warren	12.5	562	1,375	109.8	154	43	131	28
511870206002	Warren	5.6	453	1,090	193.7	140	46	82	39
511870206003	Warren	4.3	887	2,351	546.0	357	142	252	44
511870206004	Warren	0.3	424	1,021	3,289.2	282	26	39	39
511870206005	Warren	6.1	439	1,369	223.7	123	39	110	8
511870207001	Warren	27.1	540	1,174	43.2	281	68	98	24
511870207002	Warren	31.9	719	1,687	52.8	330	100	53	26
518400001001	Winchester city	0.2	454	660	3,751.2	150	67	111	179
518400001002	Winchester city	0.1	300	721	5,031.1	132	73	145	62
518400001003	Winchester city	0.1	369	920	10,849.9	124	33	222	18
518400001004	Winchester city	0.3	512	1,297	4,296.1	194	70	136	53
518400001005	Winchester city	0.2	382	892	5,379.8	143	81	81	59
518400001006	Winchester city	0.2	357	804	4,619.7	169	47	101	32

## Northern Shenandoah Valley RC

### DEMOGRAPHICS OF POTENTIALLY TRANSIT DEPENDENT PERSONS

Block Group Number	County	Land Area (Square Miles)	Households	Population	Population Density (Persons/SqMi)	Elderly	Mobility Disabled	Below Poverty	Autoless Households
518400001007	Winchester city	0.2	511	1,171	5,678.0	117	91	377	130
518400002011	Winchester city	0.6	333	735	1,198.7	227	58	23	26
518400002012	Winchester city	0.7	296	735	1,069.4	225	37	8	8
518400002013	Winchester city	0.2	463	918	5,210.7	148	80	140	79
518400002014	Winchester city	0.2	661	1,137	5,294.8	172	73	127	73
518400002021	Winchester city	0.1	499	924	6,724.9	139	80	55	68
518400002022	Winchester city	0.2	297	648	3,484.9	126	27	19	0
518400002023	Winchester city	0.1	282	658	5,185.0	152	44	10	0
518400002024	Winchester city	1.3	492	1,252	933.6	293	65	25	24
518400002025	Winchester city	0.4	368	684	1,919.1	119	38	92	8
518400003011	Winchester city	0.1	402	774	7,314.2	105	83	144	51
518400003012	Winchester city	0.7	581	2,077	2,792.1	397	120	95	45
518400003013	Winchester city	0.2	288	641	3,991.9	124	31	116	27
518400003014	Winchester city	0.2	550	1,464	6,051.3	189	123	347	78
518400003021	Winchester city	0.5	844	1,489	3,189.7	254	80	321	147
518400003022	Winchester city	0.7	319	752	1,013.3	137	37	39	22
518400003023	Winchester city	0.4	600	1,272	3,168.1	254	45	197	0
518400003024	Winchester city	1.4	427	960	695.3	216	35	60	43
		1,637.6	79,859	185,282	167,055.9	33,764	12,584	15,842	4,635

## Appendix F – Statement of Participation

### ***Requested Action***

In order to meet the spirit and intent of the SAFETEA-LU legislation and the *Final FTA Guidance on Coordinated Planning Requirements*, workshop participants representing the 21 PDCs are requested to affirm that they have been involved in the coordinated planning process for their region and endorse the output of that involvement, as captured by their local CHSM Plan.

### ***Statement of Participation***

***As a participant and/or stakeholder in the coordinated planning process in the Commonwealth of Virginia for human service and public transportation, I have been invited to participate and provide input into the CHSM Plan for my region. I acknowledge that this CHSM Plan is a legitimate representation of my region's needs, gaps, strategies, and potential projects that will support future funding applications under the Section 5310, S. 5316, and S. 5317 Programs.***

### ***Participating Agency (Please sign your Agency Name only)***

- Shen-Paco Industries, Inc.
- Northern Shenandoah Valley Regional Commission
- Warren County Public Schools, Special Services
- Shenandoah Area Agency on Aging
- Access Independence Inc.
- Winchester Department of Social Services
- Faith in Action Winchester-Frederick-Clarke
- Blue Ridge Opportunity Services, Inc. – Warren
- Northern Shenandoah Valley Disability Services Board
- Valley Commuter Assistance Program



